

Registration District No. 4804

Primary Registration District No. 301

Registrar's No. _____

1. PLACE OF DEATH: 2
 (a) County Linn
 (b) City or town Linn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days _____

8. (a) PRINT FULL NAME J. Shupe Walker
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 14 1873
 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation County Treasurer

11. Industry or business _____
 MOTHER FATHER { 12. Name John Walker
 18. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 16. Birthplace Don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Walker
 (b) Address Linn Mo

17. (a) Burial (b) Date thereof Oct 24-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int Shupe Marcelline

18. (a) Signature of funeral director James McLaughlin
 (b) Address Marcelline Mo

19. (a) 10-23-39 (b) Maud T. Webb
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn
 (c) City or town Linn
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
 year 1939 hour 7 minute 35 P. M.
 21. I hereby certify that I attended the deceased from May, 1937, to Oct 21, 1939;
 that I last saw him alive on Oct 21, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 15 min.

Due to Arterial fibrillation 2 wks

Due to Myocardial stenosis ?

Other conditions (Include pregnancy within 3 months of death) None

PHYSICIAN
 Major findings: None
 Of operations None
 Of autopsy None
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Dillon (M. D. or other) MA
 Address Linn, Mo Date signed 10-21-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State of Missouri No. 116
Certificate No. 1139-1533
Date Filed NOV 27 1939

JAN 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Dale Bunch
Licensed Embalmer No. 4088
P. O. Address Marceline Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36559

1. PLACE OF DEATH

County Linn Registration District No. 301
 Township Primary Registration District No. 4304
 City Linn (No. St. Ward)

2. FULL NAME

(a) Residence No. John Shupe Walker St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>7</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11-8 1939 Maud J. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify J. R. Dixon (Signed) M. D.

(Address) Linn ma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

