

DEC 11 1939

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

39003  
Do not use this space.  
1132

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 840 S. 19th St.  
 (e) Length of residence in city or town where death occurred 16 yrs. - mos. - da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jennie Viola Walker  
 (a) Residence, No. 840 S. 19th St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1895.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>6</u>	<u>4</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as 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) Rockport 0  
 (STATE OR COUNTRY) Missouri 1

FATHER  
 13. NAME James Linville  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Nebraska 1

MOTHER  
 15. MAIDEN NAME Adelia Doiel  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Nebraska

17. INFORMANT Walter H. Walker  
 (ADDRESS) 840 S. 19th Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL ASHLAND CENT.  
 PLACE ST. JOSEPH, MO. DATE NOV. 4, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED NOV. 3, 1939 H. J. Kallebach 85  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sep 27 to Nov 2, 1939  
 I last saw h. Nov 2 alive on Nov 2, 1939 death is said to have occurred on the date stated above, at 10:00A.  
 The principal cause of death and related causes of importance were as follows:  
Wremia  
Septicemia  
 Other contributory causes of importance:  
Nephritis Chronic ?

Name of operation Cholecyst Date of Nov  
 What test confirmed diagnosis Cholecyst Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Allman M. D.  
St. Joseph, Mo. (Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 1  
50M-9-19-38  
I X16605

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**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 *Robert R. Harrington*  
Licensed Embalmer No. 3258.  
P. O. Address St. Joseph, 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.**