

Registration District No. 444Primary Registration District No. 5603Registrar's No. 66

1. PLACE OF DEATH:

- (a) County Knox
 (b) City or town Rural Myrtle township
 (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)3. (a) PRINT FULL NAME Arthur Lee Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan 28 1906
(Month) (Day) (Year)8. AGE: Years 33 Months 9 Days 28 If less than one day _____ hr. _____ min.9. Birthplace Clark Co Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name George Wesley Walker13. Birthplace Clark Co Mo.
(City, town, or county) (State or foreign country)14. Maiden name Jessie Belle Frost15. Birthplace Clark Co Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wesley Walker(b) Address Knox City Mo.17. (a) Burial (b) Date thereof Oct 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Knox City Cemetery18. (a) Signature of funeral director Luigi J. Walter(b) Address Knox City Mo.19. (a) Nov 14 - 39 (b) J. M. C. M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. Rural
(If rural, give location)(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1939 hour 6 PM minute _____ M.21. I hereby certify that I attended the deceased from Oct
_____, 1939, to Oct 28, 1939that I last saw him alive on Oct 28, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death P. B. of Rungel Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 G. M. Reynolds (M. D. or other) _____Address Knox City Mo Date signed 11/5/39

RECEIVED

District Health Officer No. 10

District File Number 12-39-2041

Date Filed DEC 5 1938

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 Fred Walter

Licensed Embalmer No. 684

P. O. Address West 12th St

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.