DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1600

Registration District No. 48 Primary Registration District No. 4028 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Amoret, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home, Amoret, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Amoret
(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.

3. (a) PRINT FULL NAME Gilley Moore Walker 42

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy E. Walker

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. (Month) 3 (Day) 1866 (Year)

8. AGE: Years 73 Months 11 Days 4 If less than one day hr. min.

9. Birthplace St. Clair Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Theophilus Walker
13. Birthplace St. Clair Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Lavina A. Phillips
15. Birthplace St. Clair Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Nancy E Walker
(b) Address Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation State Line

18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam Mo.

19. (a) 1/9 1940 (Date received local registrar) (b) Mrs. Carl Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1940 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug, 1939, to Jan, 1940;
that I last saw her alive on Dec 26, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronick Myocarditis	
Due to	
Due to 42C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature J W Smith (M. D. or other)
Address Amoret Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 2-40-225
Date Filed 2-13-40

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~~ Lee R. Mangold, Registered Apprentice No. ..... working under my personal supervision.

Signed Lee R. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam Wis.

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

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