

Registration District No. 668  
**FILED MAR 14 1940**

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
666 E. 10.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 YRS.  
years, months or days

3. (a) PRINT FULL NAME HENRY EDWARD WALKER

8. (b) If veteran, name war \_\_\_\_\_ 3. (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 MARTHA ANN WALKER 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased NOV. 24 1874  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SLATON COUNTY PENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED ENGINEER

11. Industry or business RAIL ROAD

12. Name ROBERT WALKER

13. Birthplace SCOTLAND  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH GRAMER

15. Birthplace NEW YORK  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. E. Walker

(b) Address 666 E. 10<sup>th</sup> St Sedalia

17. (a) CROWN HILL (b) Date thereof 2-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo 64601

19. (a) 2-27-40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 666 E. 10<sup>th</sup> St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26  
year 1940 hour 8:30 minute 0 M.

21. I hereby certify that I attended the deceased from Nov, 1926 to Feb 26, 1940  
that I last saw him alive on February 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1935

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Bronchitis - Arteriosclerosis 7  
(Include pregnancy within 3 months of death)

Major findings: Of operations None PHYSICIAN \_\_\_\_\_

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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. B. Quisenberry M.D. (M. D. or other) 1  
Address Sedalia Mo Date signed 2-27-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-12-70

**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 H. Reed

Licensed Embalmer No. 3746

P. O. Address Sedalia, 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.**