

FILED APR 18 1940

Registration District No. 5

Primary Registration District No. 5X33

State File No.

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County: Gentry Union, Mo.
 (b) City or town: Rural, Mo.
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 25 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MO (b) County: Gentry
 (c) City or town: Gentry Rural
 (d) Street No.: 0
 (e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME: Quincy Monroe Walker
 3. (b) If veteran, 1 name war. 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 4
 year 1940 hour 8 minute 30 M.

4. Sex: male 5. Color or race: W
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: wife Mrs. Nora Walker
 6. (c) Age of husband or wife: 53 years
 7. Birth date of deceased: Feb 2 1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 12
 1939 to Nov 4 1940
 that I last saw him alive on Feb 23 1940
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>1</u>	<u>2</u>	hr. min.

Immediate cause of death: Chronic myocarditis
Rheumatism
 Due to: _____
 Due to: _____

9. Birthplace: Gentry MO
 (City, town, or county) (State or foreign country)

Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation: Farmer & Ministry
 11. Industry or business: Farmer

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name: Anthony J. Walker
 13. Birthplace: MO
 14. Maiden name: Christiana Helmy
 15. Birthplace: MO

16. (a) Informant: Oliver Walker
 (b) Address: Stonberry 241 7th
 17. (a) Stonberry (b) Date thereof: 3/5/40
 (Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation: Stonberry MO
 18. (a) Signature of funeral director: W. S. Campbell
 (b) Address: Stonberry MO
 19. (a) 3/5/40 (b) W. S. Campbell
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: 1
 (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?
 E 233 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature: W. S. Campbell (M. D. or other) _____
 Address: Stonberry MO Date signed: 3/5/40

RECEIVED
District Health Officer No. 11,
District File Number 440-578
Date Filed APR 13 1940

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 Lester H. Phillips

Licensed Embalmer No. 1898

P. O. Address Staten Island, N.Y.

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.