DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11560

Registration District No. 485 — Primary Registration District No. [illegible] — Registrar's No.

1. PLACE OF DEATH:

(a) County Lewis

(b) ~~City or town~~ Rural
(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 Four years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis

(c) City or town Rural
(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.? Native years.

3. (a) PRINT FULL NAME Hugh Scott 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 Widower

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased August (Month) 10 (Day) 1852 (Year)

8. AGE: Years 87 | Months 7 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Illinois (City, town, or county) ____ (State or foreign country)

10. Usual occupation General work

11. Industry or business ____

FATHER
12. Name Ebenezer Walker
13. Birthplace ____ (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Harris
15. Birthplace Newark (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Mrs. Frank Crutchfield
(b) Address Ewing, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20 '40 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Church

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo.

19. (a) Mch 21 1940 (Date received local registrar) (b) Alvin T. Neal Mk. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day Mar year 1940 hour 3 o'clock minute ____ M.

21. I hereby certify that I attended the deceased from Mar 1-40 ~~Mar 17~~, 1940, to Mar 17, 1940 that I last saw him alive on Mar 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning due to suppression of the urine

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

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 Rial McReynolds (M. D. or other)
Address Knox City Mo Date signed 3/18/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-30 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 4-40-803
Date Filed APR 11 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.