

JUN 1 1940 660

Registration District No. 660

Primary Registration District No. 4396

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville Mo.
(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) J
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 Years
years, months or days

8. (a) PRINT FULL NAME William Walker 426
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 MARRIED
6. (b) Name of husband or wife Sophia Walker 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 4 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Walker
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Boelo
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. L. Schlattman
(b) Address Perryville, Mo
17. (a) Removal (b) Date thereof May 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Macon Mo.

18. (a) Signature of funeral director Young & Son
(b) Address Perryville Mo.
19. (a) 5-19-1940 (b) Job J. Zolner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon Mo.
(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.? 58 Years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1940 to May 18 1940
that I last saw him alive on May 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden
Due to Chronic myocarditis 4 yrs
Coronary sclerosis 1 yr
Due to Concussion of liver 6 mo
& right lung.
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no.

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? 505
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Oscar A Carron (M. D. or other) _____
Address Perryville, Mo Date signed 5-19-40

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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 *Carroll C. Young*

Licensed Embalmer No. *2138*

P. O. Address *Berryville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19188

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 660

Primary Registration District No. 4396

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Walker

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

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

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 14 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw h. _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Chronic myocarditis
Coronary atherosclerosis

Due to Carcinoma of liver

Other conditions not listed
(Include pregnancy within 3 months of death)

Major findings: Pulmonary site
Of operations: in liver

Of autopsy _____ Hb

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? _____

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

23. Signature Oscar A. Carson
Address Perryville Date signed _____

SUPPLEMENTARY