

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Holla creek Mo. (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 _____
 years, months or days _____

3. (a) PRINT FULL NAME David Barnett Walk

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 married

6. (b) Name of husband or wife Lydia Walk 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 24 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Saline Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____
 MOTHER FATHER { 12. Name Mike Walk
 13. Birthplace France
 (City, town, or county) (State or foreign country)
 14. Maiden name Eveline Tuckerness
 15. Birthplace Worcester
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John P. Walk
 (b) Address Nelson, Mo.

17. (a) burial (b) Date thereof June 3 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Millers Chapel

18. (a) Signature of funeral director Hutchins
 (b) Address Houston, Mo.

19. (a) June 7-1940 (b) Hessie Ferguson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
 (c) City or town Nelson
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D # 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 year 1940 hour 2:20 minute a. M.

21. I hereby certify that I attended the deceased from Jan 2
 _____, 1940, to June 2, 1940
 that I last saw him alive on May 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia Duration 1 week

Due to apptx of spinal cord 6 mo

Due to arterio sclerosis 9/10

Other conditions myo. cardiacis None
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: none
 Of operations: none
 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) none
 (b) Date of occurrence none
 (c) Where did injury occur? none
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
666 none
 While at work? none (Specify type of place) (e) Means of injury none

23. Signature Chouanell (M. D. or other) _____
 Address Scholia Mo. Date signed June 2, 1940

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.

RECEIVED
District Health Officer No. 8,
District No. Number 640-1466
Date Filed 6-12-70

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 A. H. Smiley
Licensed Embalmer No. 3987
P. O. Address Houstonia, 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.