

12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21994**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

19
7
5

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

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6th and Wall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2428 North Florida
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM H 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 Widowed
6. (b) Name of husband or wife Sarah Jane Walker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 18 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Retired 9

11. Industry or business _____
12. Name unknown 9
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Gentes
(b) Address Ashtington, California

17. (a) Burial (b) Date thereof June 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Lauphey Mortuary
(b) Address 1522 Joplin St. Joplin, Mo.

19. (a) 6-8-40 (b) E. D. Garner
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1940 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis

Due to: _____

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

Major findings: _____
Of operations: _____
Of autopsy: Investigation

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? _____

372 While at work? _____ (Specify type of place)
(a) Means of injury Crown

23. Signature H. W. Winchester D. of other _____
Address Joplin, Mo. Date signed 6-8-40

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

Don Petrick

Licensed Embalmer No. *4008*

P. O. Address *Joplin, 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.