

RIED AUG 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25667

State File No. 82

Registration District No. 963

Primary Registration District No. 5692

Registrar's No. 210

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

1. PLACE OF DEATH:

(a) County McDonald
(b) City, or town Princeton
(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) 1 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) City or town Princeton (b) County McDonald
(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.

3. (a) PRINT FULL NAME RICHARD WALKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 7 1902
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas B. Walker

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

14. Maiden name Boone Berry

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

16. (a) Informant T B Walker
(b) Address road mo

17. (a) Burial (b) Date thereof 7-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Leo Carnell
(b) Address Geneville Mo

(a) 7-5-6-40 (b) J. C. Alexander
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month July day 24
year 1940 hour _____ minute _____ M.

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

Immediate cause of death gunshot wound self inflicted

Due to ill health

Other conditions. (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____
Of autopsy _____

Duration
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? 4/10/5

(e) Means of injury _____

23. Signature Leo Carnell (M. D. or other)
Address Geneville Mo Date signed 7-24

RECEIVED

District Health Officer No. 6,
District File Number 840-2453

Date Filed

AUG 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 Lee A. Carnell

Licensed Embalmer No. 2740

P. O. Address Sumerville, 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.