

Registration District No. 235

Primary Registration District No. 3034

Registrar's No. 20

88  
6  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCormick Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether years, months or days)

In this community 7 yr. 6mo. 9 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 1018 Sturgeon St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

**3. (a) PRINT FULL NAME** Samuel Edward Walker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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 July, 8, 1933.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>6</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation School Child

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name: Samuel Deskin Walker

13. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Williams

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

16. (a) Informant Mrs. Florence Walker

(b) Address 1018 Sturgeon St. Moberly Mo.

17. (a) Burial (b) Date thereof Jan. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo.

19. (a) Jan 19-41 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 17  
year 1941 hour 5 minute 10 OP. M.

21. I hereby certify that I attended the deceased from Jan 17  
1941, to Jan 17, 1941  
that I last saw him alive on 1 pm, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis  
Pneumococcus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions SIW  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
925  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury.

23. Signature CC Smith (M. D. or other) \_\_\_\_\_  
Address Moberly MO Date signed 1-18-41

Duration

2da

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-41-425-

Date Filed FEB 19 1941

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.....

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address *Mabley 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.