No. 2
4-13-40
5-17-39
FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6311

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 186

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 Middleton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")
(d) Street No. 315 Middleton 7 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME James Donaldson Walker
3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced / married
6. (b) Name of husband or wife Anna Adeline
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March (Month) 14 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	29	hr. min.

9. Birthplace Amsterdam (City, town, or county) / New York (State or foreign country)
10. Usual occupation Retired
11. Industry or business Presbyterian Minister
FATHER
12. Name Andrew Walker
13. Birthplace Unknown (City, town, or county) 4 Scotland (State or foreign country)
MOTHER
14. Maiden name Unknown Donaldson
15. Birthplace Amsterdam (City, town, or county) / New York (State or foreign country)
16. (a) Informant Hugh Geo. Walker
(b) Address 315 Middleton, St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) Feb 15 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1941 hour 1 minute 38 a. M.
21. I hereby certify that I attended the deceased from Feb 1st 1941 to Feb 12, 1941; that I last saw him alive on Feb 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	2 days.
Due to	
Due to	
Other conditions Cerebral apoplexy 1933 (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Leroi Beck M.D. (M.D. or other) M.D.
Address King Hill Bldg. St. Joseph, Missouri Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

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: Olly J. Lester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.