No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11483

State File No.

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 23

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 72 YEARS 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. GRANBY MO. R.F.D. #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM ROBERT 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 MARRIED
6. (b) Name of husband or wife ANNA WALKER
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased JULY (Month) 2 (Day) 1868 (Year)

8. AGE: Years 72 Months 7 Days 18 If less than one day hr. min.

9. Birthplace NEWTON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name ELISHA WALKER
13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)
MOTHER 14. Maiden name SARAH ELIZABETH KERR
15. Birthplace LAWRENCE COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Ava Richardson
(b) Address Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Green Cemetery
18. (a) Signature of funeral director Barly Thompson
(b) Address Neosho Missouri
19. (a) 3-15-41 (Date received local registrar) (b) Unah Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th year 1941 hour 12:25 minute a. M.
21. I hereby certify that I attended the deceased from Feb. 18, 1941, 19..., to Feb. 20, 1941, 19...; that I last saw him alive on February 20, 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage right side	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 Melvin C. Bowman (M. D. or Coroner)
Address Neosho, Missouri Date signed 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-607
Date Filed 4-11-41

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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.