No. 2
-13-40
17-39
X23159

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

FILED MAY 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14896

State File No.

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
304 North Madison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 304 South Madison 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Drew W. Walker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lula Walker

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 18 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	10	28	hr. min.

9. Birthplace Lebanon 0 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Employee S.V.M.R.R.

11. Industry or business

FATHER
12. Name Drew Walker
13. Birthplace Alton / (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Jennie Cruze
15. Birthplace Eldon 0 (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Widow Mrs. Lula Walker
(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 18 / 41 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cemetery

18. (a) Signature of funeral director Wedge Nelson
(b) Address Webb City, Missouri

19. (a) APR. 18. 41. (Date received local registrar) (b) O. L. Nelson M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Feb 7, 1940 to Apr 16, 1941; that I last saw him alive on April 15, 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Pulmonary tuberculosis — 3 or 4 years
Due to
Due to
Other conditions (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 R. M. Stonecourt (M. D. or other) 0
Address Webb City Mo Date signed 4/17/41

(Licensed Embalmer's Statement on Reverse Side)

41-5-425

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 E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address West Poly

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

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