S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17688

Registration District No. 248 Primary Registration District No. 5345 Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess Stair [illegible]

(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

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

(d) Street No. Seven miles North of Hamilton
(If rural, give location)

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

3. (a) PRINT FULL NAME Aurelius Richard Walker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Mo

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 13 (Day) 1941 (Year)

8. AGE: Years 92 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Winston Salem / North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Calvin Walker
13. Birthplace Winston Salem / North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Wicker
15. Birthplace Winston Salem North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Pearlie A. Walker

(b) Address

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

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director G R Haughton

(b) Address Hamilton Missouri

19. (a) 5-12-41 (Date received local registrar) (b) Mrs L Reich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from April 17th, 1941, to April 25, 1941 that I last saw him alive on April 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Senility 137a

Due to

Due to

Other conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 25 (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry R. Elster (M. D. or other) DO

Address Hamilton, Mo Date signed 4/26/41

(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 G. R. Houghton, Registered Apprentice No. ..... working under my personal supervision.

Signed G. R. Houghton

Licensed Embalmer No. B854

P. O. Address Hamilton

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

If this body is not embalmed, above space should be left blank.