

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH

1941 STANDARD CERTIFICATE OF DEATH

State File No. 25295

Registration District No. 410

Primary Registration District No. 5567

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Gasper Co

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

(c) Name of hospital or institution:
2 mi East Dudenville Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 35 years
years, months or days

8. (a) PRINT FULL NAME Joseph Orlando Walker

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Sept 11 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 10 14 hr. min.

9. Birthplace Des Moines Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired farmer

MOTHER FATHER

12. Name Eber Walker

13. Birthplace Un Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hannah Keller

15. Birthplace Logansport Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie Hale

(b) Address Golden City Mo

17. (a) Burial (b) Date thereof July 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avella Cem

18. (a) Signature of funeral director Chas J. Teeter

(b) Address Gasper Mo

19. (a) July 26, 1941 (b) Clara C. Larns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 049

(a) State Missouri (b) County Gasper Co

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

(d) Street No. 2 mi East Dudenville
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1941 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from July 15th to July 27th 1941, that I last saw him alive on July 24th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Valvular Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2 H

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature A. Hope (M. D. or other) M.D.
Address Golden City Mo Date signed 7-26-41

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 _____

Howard E Simpson, Registered Apprentice No. 2857
working under my personal supervision.

Signed Chas J Teeter

Licensed Embalmer No. 2366

P. O. Address Jasper 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.