No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27864

FILED SEP 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. [illegible]

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: 19th. Lafayette. On C.B.&Q. Railroad tracks (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 1016 S.16th. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OLIN IRVIN WALKER

3. (b) If veteran, name war none

3. (c) Social Security No. 488-14-3316

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 3rd. (Day) 1914 (Year)

8. AGE: Years 27 Months 5 Days 27 If less than one day ..... hr. 6 min.

9. Birthplace Rockport (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Delivery man

11. Industry or business Union Coal Co.

FATHER
12. Name Irvin Walker
13. Birthplace Rockport (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Minnie Linville
15. Birthplace Rockport (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Minnie Walker

(b) Address 1016 S.16th. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9--1--41 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph Mo.

19. (a) 8/31/41 (Date received local registrar) (b) A J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1941 hour 3 minute 00 A M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Aug. 30 1941, to ..... 19....; that I last saw ~~[illegible]~~ ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Basal Skull Fracture — Duration: 1 day

~~Due to~~ Crushing injury to left hand, and right arm

~~Due to~~ Numerous cuts and bruises about the head and face

~~Other conditions~~ (Include pregnancy within 3 months of death) Man was run over by

Major findings: Of operation a Burlington train on Chariton branch near 19th and Lafayette Sts

Of autopsy no

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) Accident

(b) Date of occurrence Aug 30-1941

(c) Where did injury occur? St Joseph (City or town) Buch. (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On rail road track (Specify type of place)

While at work? no (e) Means of injury RR Train

23. Signature H F Mundy (M.D. or ~~other~~) Coroner

Address 404 So 3d St. Date signed 8/31/41

85 (Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph M

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

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