

Registration District No. 656

Primary Registration District No. 5872

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cooper Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Steele (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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

3. (b) If veteran, name war _____ (c) Social Security No. _____

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 April 16, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 3 27 hr. _____ min.

9. Birthplace Daniels Landing, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name D.R. Walker

13. Birthplace Decaturville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Merrick

15. Birthplace Mc Alwine, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs T.L. Wall.

(b) Address Parma, Mo.

17. (a) Burial (b) Date thereof 8/14.41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairia Cem.

18. (a) Signature of funeral director German Undt Co.
Steele, Mo.

(b) Address _____
19. (a) 9-14-1941 (b) Tom Bragan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 1941 hour 5 minute 30A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound in head

Due to with 12 gauge shot

Due to gun.

Other conditions 164C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Aug. 13, 1941

(c) Where did injury occur? Steele, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Means of injury Gunshot

23. Signature Jules V. Moore (M. D. or other) Coroner

Address Wayne, Mo. Date signed 8/13/41

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

78
00

78
00

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.