

FILED DEC 9 1941

Registration District No. 70

Primary Registration District No. 40.24

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(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 3 yrs (Specify whether years, months or days)  
In this community 3 yrs

3. (a) PRINT FULL NAME Charles A. Walker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Celia Walker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 27th, 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jasper CO, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Walker  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Richman  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Celia Walker  
(b) Address Lamar, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation John Semetary  
18. (a) Signature of funeral director River Funeral Home  
(b) Address Lamar, MO

19. (a) Nov-7-41 (Date received local registrar) (b) Mrs Josephine Myrath (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6th  
year 1941 hour 9 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from September 15 to Nov 6 1941; that I last saw him alive on Nov 6 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&E  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
Signature Jamie A. Atkins (M. D. examiner)  
Address Lamar, MO Date signed 11/6/41

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

RECEIVED

District Embalmer Officer No. 6,

District File Number 1241-1792

Date Filed DEC 8 1941

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**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.....

Licensed Embalmer No. 3141

P. O. Address Lamar 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, fact should be so stated above.**