

FILED DEC 12 1941

Registration District No. _____

Primary Registration District No. 4463

Registrar's No. 1069

1. PLACE OF DEATH

(a) County St. Francois Co. Mo.
(b) City or town Elmwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Resident
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Elmwood
(If outside city or town limits, write "RURAL")
(d) Street No. Canella St 3
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Columbis M. Walker
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Nov 9 day 9
year 1941 hour 4:20 AM

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) None of husband's wife 6. (c) Age of husband or wife if alive _____ years
7. 2/12/61 Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 1941 to Nov 9 1941; that I last saw him alive on Nov 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death arterial hypertension Duration 3 weeks

8. AGE: Years 80 Months 8 Days 27 If less than one day hr. _____ min. _____

Due to 920

9. Birthplace Balinger Co - Mo A (City, town, or county) (State or foreign country)

Other conditions arteriosclerosis (Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

11. Industry or business Self

12. Name Frank Walker

13. Birthplace Balinger Co Mo A (City, town, or county) (State or foreign country)

14. Maiden name Margaret Cobb

15. Birthplace Dent Co Mo - A (City, town, or county) (State or foreign country)

16. (a) Informant A. H. Sol Vera

(b) Address Elmwood Mo

17. (a) Dak Ridge (b) Date thereof Feb Co 11/10/41 (Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Dak Ridge Mo

18. (a) Signature of funeral director Sparks and Co

(b) Address Elmwood Mo

19. (a) 11/9/41 (b) C. Sterrari (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____ Of autopsy _____

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 _____
Where did injury occur? (City or town) (County) (State) _____
(c) 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 _____

23. Signature W. G. Gable (M. D. or other) _____
Address Dak Ridge Mo Date signed 11/10/41

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

697

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

Ewert Sparks

Licensed Embalmer No.

7639

P. O. Address

Edwards 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.