

JAN 6 1942

Registration District No. H 30

Primary Registration District No. 5586

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Lee ton, [unclear]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 6.3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lee ton, Johnson
(c) City or town Lee ton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Henry Walker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edwena Lee Walker 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 23 - 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Jack Town, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Drayman

11. Industry or business Drayage

12. Name Andrew Fayton Walker

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Wallace

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.S. Caldwell

(b) Address Lee ton, Mo.

17. (a) Burial (b) Date thereof 12-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Creek

18. (a) Signature of funeral director R.A. Brauning

(b) Address Lee ton, Mo.

19. (a) 12-6-41 (b) R.A. Brauning
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th -
year 1941 - hour 7 P.M. minute No

21. I hereby certify that I attended the deceased from July 6,
1941 to Dec. 5, 1941.
that I last saw him alive on Dec. 1, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis -
(Name) (chronic) Duration 13 yrs.

Due to _____

Due to _____

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

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 _____

(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) Means of injury 2

23. Signature Dr. R. E. [unclear] (M. D. or other) Dr.

Address Lee ton, Mo. Date signed 12/12/41

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 ME
....., Registered Apprentice No.
working under my personal supervision.

Signed RAB Bauninger
Licensed Embalmer No. 3377
P. O. Address Secton, 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.