S. No. 2
—1-4-41
. 5-17-39
PI X25290

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5097

Registration District No. MAR 17 1942 791 | Primary Registration District No. 1003 | Registrar's No. 1532

1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WKS. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County NR 1 479

(c) City or town Mc Leansboro (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George F. Walker

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex M ( )

5. Color or race W

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

6. (b) Name of husband or wife LAURA ANN WALKER

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JANUARY (Month) 29 (Day) 1867 (Year)

8. AGE: Years 75 | Months — | Days 18 | If less than one day hr. min.

9. Birthplace (City, town, or county) ILLINOIS / (State or foreign country)

10. Usual occupation FARMING

11. Industry or business SAME

FATHER
12. Name OWEN O'BRIEN WALKER
13. Birthplace (City, town, or county) TENNESSEE / (State or foreign country)

MOTHER
14. Maiden name MANDA JANE EVANS
15. Birthplace (City, town, or county) KENTUCKY / (State or foreign country)

16. (a) Informant Laura Walker

(b) Address RR #6 Mc Leansboro Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Carmi Illinois

18. (a) Signature of funeral director Walker Funeral Home

(b) Address Carmi Illinois

19. (a) FEB. 19 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1942 hour 2 minute 20 p. M.

21. I hereby certify that I attended the deceased from Jan 8, 1942, to Feb 16, 1942, that I last saw him alive on Feb. 16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Duodenal ulcer (benign)

Due to

Other conditions Cholelithiasis with Stone in common duct (Include pregnancy within 3 months of death)

Major findings: Of operations Stone in common bile duct

Of autopsy Duodenal ulce with hemorrhage

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Fischer (M. D. ~~or other~~) D

Address BARNES HOSPITAL Date signed 2/16/42

844 (Licensed Embalmer's Statement on Reverse Side)

1532

1532

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 Howard R Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis M

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.