S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

Registration District No. 796

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6039

State File No. 12189

Registrar's No. 55

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

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Rural
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Saline Co. Home
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Henry Walker
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: Blk
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Unknown 81	✓	✓	..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) U (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: ✓
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) U (State or foreign country)
16. (a) Informant: Delta Bowen, Supt. County Home
(b) Address: Marshall Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch 20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem.
18. (a) Signature of funeral director: Campbell-Lewis
(b) Address: Marshall Mo.
19. (a) MAR 20 1942 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1942 hour Found Dead minute ..... M.
21. I hereby certify that I attended the deceased from Feb. 21 1942 March 1, 19..., to 1942 19..., that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Drowning	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 183.3 36	
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): Accident
(b) Date of occurrence: About Feb. 21, 1942
(c) Where did injury occur? In Pond (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? No (e) Means of injury: Saline Co.
23. Signature: L. Lawless Cruser (M. D. or other) .....
Address: Marshall Mo. Date signed 3-19-42

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

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 _____

This body was not embalmed Registered Apprentice No. _____

working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Mauchase Me

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.