

FILED JUL 14 1942
85

Registration District No. _____
Primary Registration District No. 1001

Registrar's No. 582

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1723 South 8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1723 South 8th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Steven Henry Walker

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1942 hour 8 minute 49 M.

4. Sex Male 5. Color, or race white

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

6. (b) Name of husband or wife Emma Walker

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 27 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14 1942 to June 14 1942
that I last saw him alive on June 14 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 0 Days 17
If less than one day hr. _____ min. _____

Immediate cause of death Myocardial Insufficiency Duration 2 yrs

Due to _____

Due to _____

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

9. Birthplace Samosel Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Bill Walker

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Carrie Hoover

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof June 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St. Joseph, Mo

19. (a) June 15 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J R Elliott (M. D. or other) MD

Address 801 1/2 Brown St Date signed 7-18-42

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

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.....

June 14, 42

Registered Apprentice No.

~~working under my personal supervision.~~

Signed.....

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph, 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.