

FILED JUL 15 1942 453

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Rural Gasconade Twp
(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

In this community 20 yrs. years, months or days)3. (a) PRINT FULL NAME JAMES ALLEN 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 married6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased Oct 25 1860
(Month) (Day) (Year)8. AGE: Years 81 Months 8 Days _____ If less than one day hr. _____ min. _____9. Birthplace Mo. O
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Jesse Walker13. Birthplace Jesse 1-
(City, town, or county) (State or foreign country)14. Maiden name Minerva Sullivan15. Birthplace Mo. O
(City, town, or county) (State or foreign country)16. (a) Informant Henry Walker(b) Address Lynchburg17. (a) Burial (b) Date of cof. June 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Emergency Cemetery18. (a) Signature of funeral director Baylord Elliott (State) Texas(b) Address Houston Mo.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede
(c) City or town Rural Gasconade Twp
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 8 hour 30 minute P. M.21. I hereby certify that I attended the deceased from 5-1-42
19____ to 6-21-1942that I last saw him alive on 6-21- 1942
and that death occurred on the date and hour stated above.Immediate cause of death Aortic StenosisDue to Endocarditis (Chronic)Due to infection bacteriemiaOther conditions Chronic nephritis
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 131 f22. 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) (e) Means of injury J23. Signature Richard Gaston (M. D. or other) P.O.
Address Mo. Mo. Date signed 6-26-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1090

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

Signed

Frank E. Hood

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21574

Registration District No. 453

Primary Registration District No. 5619

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Rural, Jackson Co. Mo.
(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 _____)

In this community 20 yrs.
years, months or days

3. (a) PRINT FULL NAME James A 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 m

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

7. Birth date of deceased Oct 25 1868
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation Farmer

11. Industry of business _____

MOTHER FATHER { 12. Name Jesse Walker

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

14. Maiden name Minniea Sullivan

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

16. (a) Informant Henry Walker

(b) Address Lynchburg

17. (c) Rural (d) Date thereof June 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Raymond Elliott

(b) Address Houston, Mo.

19. (a) Aug 26-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede
(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 8 minute 30 P.

21. I hereby certify that I attended the deceased from May 1 to June 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

acute stenosis
Due to endocarditis (chronic)

Due to arteriosclerosis

Other conditions chronic nephritis
(Include pregnancy within 3 months of death) 12

Major findings: Of operations 131 f

Of autopsy _____

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) (e) Means of injury 1

23. Signature Raymond E Gaster (M. D. or other) 100

Address Mo, Mo. Date signed 8-26-42

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

SUPPLEMENTAL

