

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24912

State File No.

Registration District No. 625

Primary Registration District No. 3048

Registrar's No. 112

1. PLACE OF DEATH:

(a) County. Nodaway
(b) City or town. Maryville
(c) Name of hospital or institution: Martin Landreth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
(Specify whether
In this community. _____
years, months or days)

3. (a) PRINT FULL NAME. Orson Walker

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

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. Sadie Walker 6. (c) Age of husband or wife if alive. 60 years
7. Birth date of deceased. May 27 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 1 27 hr. min.

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

10. Usual occupation. farmer

11. Industry or business

MOTHER FATHER { 12. Name. Edward Walker
13. Birthplace. Illinois
(City, town, or county) (State or foreign country)
14. Maiden name. Ann Maria Cox
15. Birthplace. Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Sadie Walker
(b) Address. Ravenwood, Mo.
17. (a) burial (b) Date thereof. July 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sweet Home Cemetery

18. (a) Signature of funeral director. N. Long

(b) Address. Ravenwood, Mo.

19. (a) July 24 1942 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Nodaway
(c) City or town. Ravenwood
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23
year 1942 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from JULY 21,
1942 to JULY 23, 1942
that I last saw him alive on JULY 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. CHRONIC MYOCARDITIS Duration 6 YRS

Due to CHRONIC GLOMERULAR NEPHRITIS 10 YRS

Due to BENIGN HYPERTROPHY OF PROSTATE 10 YRS

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

Major findings: _____
Of operations. 131
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)
(c) Means of injury _____

23. Signature. W. H. Langfoster (or other) DO
Address. Maryville, Mo. Date signed 7-24-42

(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.....

Licensed Embalmer No.....

P.O. Address.....

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.