

FILED OCT 8, 1942

Registration District No. 142

Primary Registration District No. 55-344231

Registrar's No.

1. PLACE OF DEATH:

(a) County Hawell
(b) City or town Mtn View Mo.
(c) Name of hospital or institution 1 No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years
In this community 72 years
years, months or days

3. (a) PRINT FULL NAME

Thomas N Walker

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Jan 29 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Tenn: 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name H. R. Walker

13. Birthplace Tenn: 1
(City, town, or county) (State or foreign country)

14. Maiden name Ester Sherrett

15. Birthplace Tenn: 1
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Walker

(b) Address Mtn View Mo.

17. (a) Burial (b) Date there Sept 7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Chapel

18. (a) Signature of funeral director John J. ...

(b) Address Mtn View Mo.

19. (a) Oct 1, 1942 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hawell
(c) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL.")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th
year 1942 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1942 to Sept 5th 1942
that I last saw h. alive on Jan 1 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart

Due to of heart

Due to

Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature T. E. ... (M. D. or other)

Address Mtn View Mo. Date signed 9-7-42

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

46
00

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 Joe J. Mean, Registered Apprentice No. 201 working under my personal supervision.

Signed

Joe J. Mean
Licensed Embalmer No. 2516

P. O. Address. Wheat Grove

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.