. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36886

State File No.

Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 17

22
0
0

1. PLACE OF DEATH:

(a) County Christian
(b) City or town rural- Porter
(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 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22 0
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Nixa Route #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marshal Elvin Walker

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 0 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Lucinda Walker 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March, 16, 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Walker
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. M. E. Walker
(b) Address Nixa, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 42 (Month) (Day) (Year)
McConnell cem
(c) Place: burial or cremation

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo.

19. (a) Nov. 14, 1942 (Date received local registrar) (b) Edna G. Wood, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 21 19 Nov. 11, 1942. 19 ; that I last saw him alive on Nov. 11, 1942. 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia — Duration About 36 hrs.

Due to Bronchial asthma and Myocardial degeneration. since first saw him

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy X

107

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

23. Signature W. B. Wasson (M. D. ~~or other~~) 0
Address Nixa, Mo. Date signed 11/12/42

1249

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1242-1691
Date Filed DEC 8 1942

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.