. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40147

State File No.

Registration District No. JAN 11 1943

Primary Registration District No. 4024

Registrar's No. 122

1. PLACE OF DEATH:

(a) County: Barry County

(b) City or town: Cassville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: Last six years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Cassville, Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Ernest Marionn Walker

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Florence Walker

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: May (Month) 8 (Day) 1887 (Year)

8. AGE: Years 55 | Months 7 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Carroll Co. (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Store Merchant

11. Industry or business:

FATHER
12. Name: John Walker
13. Birthplace: Carroll Co. (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name: Mandy McCall
15. Birthplace: Carroll Co. (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Mrs Florence Walker
(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 10th 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Eureka Spgs Ark.

18. (a) Signature of funeral director: Horine & Culver
(b) Address: Cassville, Missouri

19. (a) Dec 12-1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 9th year: 1942 hour: 5 minute: A. M.

21. I hereby certify that I attended the deceased from Dec. 9 1942 to Dec. 9 1942; that I last saw him alive on Dec. 9 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Angina pectoris — Duration

Due to:

Due to:

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

Major findings:
Of operations:

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) (e) Means of injury:

23. Signature: Glenn H. Dalyer (M. D. ~~or other~~) MD

Address: Cassville Mo. Date signed:

1079 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-19
Date Filed 1-9-43

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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Caseville, 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.