

ALL JAN - 5. 1943
Registration District No. 12930

Primary Registration District No. 5848

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Barnard rural
(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 Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

(c) City or town Barnard
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile North Rural
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Washington Walker

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 1942
year 1942 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 9 to Nov 4 1942
that I last saw him alive on Nov 29 1942
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bonnie Walker

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Oct - 15 - 1888
(Month) (Day) (Year)

Immediate cause of death Myeloma
Chronic Nephritis
Hypertension
Atherosclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 131b

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 54 Months 0 Days 19
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Wm H. Walker

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

14. Maiden name Nancy A. King

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

16. (a) Informant Bonnie May Walker

(b) Address Barnard Missouri

17. (a) Burial (b) Date thereof 12-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravenwood

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Manville Mo

19. (a) 12-3-42 (b) A. O. Barnett
(Date received local registrar) (Registrar's signature)

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 W.R. Gashin (M. D. or other) 42

Address Manville Mo. Date signed 12-5-42

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.....

William Campbell

Licensed Embalmer No. *3620*

P. O. Address *Maryville 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.