

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2175

State File No.

32

Registrar's No.

FILED FEB 13 1943

Registration District No.

Primary Registration District No. 5429

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town Lyon
(c) Name of hospital or institution:
LESLIE MO. BB II
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 75 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN N. WALKER

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

4. Sex male 5. Color or race white 5. (a) Single, widowed, married, divorced. SO
6. (b) Name of husband or wife Y 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. 1857
(Month) (Day) (Year)

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

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation farmer

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Malissa Partiche
15. Birthplace Washington (City, town, or county) (State or foreign country)

16. (a) Informant Cluster Helling
(b) Address New Haven
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Port Hudson

18. (a) Signature of funeral director E. J. Meyer
(b) Address Gerard
19. (a) Rev. 28-43 (Date received local registrar) (b) Don Quinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
(c) City or town Leslie (If outside city or town limits, write "RURAL")
(d) Street No. B 13 # II (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 16 1943 to Jan 22 1943
that I last saw him alive on Jan 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration
Chronic Prostatitis

Due to Arterio Sclerosis
Due to 131

Other conditions (Include pregnancy within 3 months of death) Arterio Sclerosis

Major findings: Of operations No operation Of autopsy No Autopsy
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 0
23. Signature J. L. Matthews (M. D. or other) 0
Address Beaufort, Mo Date signed 1-26-43

1139 (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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.