

FILED MAR 1 1943

Registration District No. 12043

Primary Registration District No. 4176

Registrar's No. 10

1. PLACE OF DEATH: Dumping  
 (a) County Stoddard  
 (b) City or town Malden City  
 (c) Name of hospital or institution: Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo. (b) County Stoddard  
 (c) City or town Malden City 103  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME Melvin Walker  
 3. (b) If veteran, name war ---  
 3. (c) Social Security No. 498-10-1119

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar, day 2<sup>nd</sup>, year 1943 hour 10 minute 45 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Eva Walker  
 6. (c) Age of husband or wife if alive 35 years (Month) (Day) (Year)  
 7. Birth date of deceased May 5 1898 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb - 7, 1943 to March 2, 1943  
 that I last saw him alive on March 2, 1943  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Acute nephritis  
 Duration 1 Month

8. AGE: Years 44 Months 9 Days 27  
 If less than one day --- hr. --- min.

Due to Unknown  
 Due to ---

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

Other conditions (include pregnancy within 3 months of death) 130

10. Usual occupation Labr

Major findings: Of operations ---  
 Of autopsy ---

11. Industry or business ---

12. Name Char Walker

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

14. Maiden name Mollie Denton

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

16. (a) Informant Mrs Eva Walker  
 (b) Address 1211 Malden mo

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Mar 4-43 (Month) (Day) (Year)  
 (c) Place: burial, or cremation Malden Park

18. (a) Signature of funeral director Lawrence F. Home  
 (b) Address Campbell mo

19. (a) 3-3-43 (Date received local registrar) (b) W. Elder (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 Thomas Beall MD (M. D. or other) ---  
 Address Malden mo Date signed 3/3/43

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

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

MOTHER FATHER

APR 25 1950

RECEIVED

District Health Office No.

District File Number 343-307

Date Filed 8-8-48

DEC 20 0-2-30

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**