

S. No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6709

State File No. _____

Registrar's No. _____

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

FILED MAR 8 1943
Registration District No. 168

Primary Registration District No. 4257

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Leeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence-1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 64 yrs - years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Leeton, Missouri. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Andrew Fayton Walker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Virginia Dixie Walker

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased January 28 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>0</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Ohio -

11. Industry or business Farmer

MOTHER FATHER

12. Name Andrew Walker

13. Birthplace Ohio Unknown - 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Susan Wallace

15. Birthplace Unknown - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dixie Walker

(b) Address Leeton, Mo.

17. (a) Burial (b) Date thereof Feb. 1st. 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director H.P.A. Brauninger

(b) Address Leeton, Missouri

19. (a) 2-1-1943 (b) H.P.A. Brauninger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from March 1942 to Jan. 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending colon (Primary)

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 8 yrs.

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 J. H. Weston (M.D. or other) MD

Address Leeton, Mo. Date signed 2/19/43

1026 (Licensed Embalmer's Statement on Reverse Side)

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. 3377
working under my personal supervision.

Signed W.A. Brauninger
Licensed Embalmer No. 3377-
P. O. Address Leeton, 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.