

ED APR 8 1943

State File No. _____

Registration District No. 129

Primary Registration District No. 5533

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - Forbes Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. Forbes Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Lawrence Merrill Walker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Walker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 6th 1908
(Month) (Day) (Year)

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

| | | | |
|----|---|----|----------|
| 35 | 1 | 14 | hr. min. |
|----|---|----|----------|

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lawrence H. Walker

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

14. Maiden name Leta McGinnis

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

16. (a) Informant L. H. Walker

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Mar. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Missouri

19. (a) 3-23-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th, year 1943 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Shot Gun Wound

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence March 20, 1943

(c) Where did injury occur? Holt, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature W. A. Alkins (M. D. or other) _____
Justice of the Peace and Acting Coroner
Address Oregon, Missouri Date signed 3/23/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1185

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 James H. Pettigrove

Licensed Embalmer No. 3192

P. O. Address Oregon, Missouri

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.