

FILED APR 9 1943

State File No. ....

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia

(d) Street No. 728 E. 5th  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Lee 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, Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased January 14 1857  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	10	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name William Walker

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

14. Maiden name Sarah Boatman

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

16. (a) Informant J. W. Walker

(b) Address Pleasant Green, Missouri

17. (a) Burial (b) Date thereof 3 - 26 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green, Mo.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 3 - 26 - 43 (b) Mrs. Anna Ringer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1943 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Dec 42 to March 23, 1943 that I last saw him alive on March 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis chronic

Due to

Due to

Other conditions: Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

Duration

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)

(c) Means of injury

23. Signature: J. M. Belcher (M. D. or other)

Address: Sedalia, Mo. Date signed: 3/26/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-8-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

**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.