

ED MAY 7 1943
Registration District No. 22

Primary Registration District No. 5114

1. PLACE OF DEATH
(a) County Bollinger Mo
(b) City or town Rural Wayne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Wayne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

3. (a) PRINT FULL NAME JUNIOR KARL WALKER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Gene Walker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 17 42
(Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____
12. Name Gene Walker
13. Birthplace Stander Mo
(City, town, or county) (State or foreign country)
14. Maiden name Henriette
15. Birthplace Zelma Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gene Walker
(b) Address Zelma, Mo.

17. (a) Rural (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zelma Mo

18. (a) Signature of funeral director Watkins
(b) Address Payette Mo

19. (a) 3/22/43 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Zelma
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 18, 1943, to March 21, 1943; that I last saw him alive on March 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations _____
Of autopsy _____

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 E. C. Masters (M. D. or other) DO
Address Adrian, Mo. Date signed 3/24/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4

District File Number 543-2180

Date Filed 5-6-43

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.

Not Embalmed

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, above space should be left blank.