S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19196

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. ~~108~~ 107

97
1
2

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
552 South Lincoln /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97 1

(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")

(d) Street No. 552 South Lincoln
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charlie Walker

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Male

5. Color or race Colored 2

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

6. (b) Name of husband or wife Fairelder Crawford

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. (Month) 4 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	3	17	hr. min.

9. Birthplace Marshall (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business " "

FATHER
12. Name Charlie Walker
13. Birthplace Marshall (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sallie Williams
15. Birthplace Marshall (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Reuben Robbins
(b) Address Marshall Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo.

18. (a) Signature of funeral director J. Leslie Bussey
(b) Address Marshall Mo.

19. (a) May 23-43 (Date received local registrar) (b) Mrs T. O. Weatherook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21st year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from MAY 16th, 1943, to MAY 21st, 1943 that I last saw him alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis

Due to Dont Know

Due to —

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

Major findings:
Of operations —

Of autopsy NONE

30 P

Duration: Several years.

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?
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature W. Hunadison (M. D. or other)

Address Marshall, Mo. Date signed MAY 22-43

(Licensed Embalmer's Statement on Reverse Side)

1215

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-9-43

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 J. Leslie Surrency
Licensed Embalmer No. 3235
P. O. Address Marshall, Tex.

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.