

FILED JUN 29 1943

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 647

1. PLACE OF DEATH:

(a) County Beechouan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3006 North Seventh  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community abt 43 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Beechouan  
(c) City or town St. Joseph 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3006 North 7th 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM-HERRY-WALKER

3. (b) If veteran name was Civil War. 3. (c) Social Security No. no

4. Sex Male 5. Color Wht 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Melinda June 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 11 1946  
(Month) (Day) (Year)

8. AGE: Years 96 Months 8 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Emp of

11. Industry or business Swift & Co.

12. Name Jackson Walker

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

14. Maiden name Betty Conn

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

16. (a) Informant Max Blanche Davis

(b) Address 3006 N 7th

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

(c) Place: burial or cremation upland bur.

18. (a) Signature of funeral director Ray Stoney

(b) Address St Joseph Mo

19. (a) 6-3-43 (b) W. R. Hergog  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1943 hour 4 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June, 1941 to May 30, 1943  
that I last saw him alive on May 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease arterio-sclerosis with nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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) Means of injury \_\_\_\_\_

23. Signature John I. Byrnes M. D. Date signed 6-1-43  
Address St Joseph Mo

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

JUN 30 1935

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..... *John Roy Claine*  
Licensed Embalmer No..... *2435*  
P. O. Address..... *St Joseph 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.