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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21781

FILED JUL 14 1943

Registration District No. 974 Primary Registration District No. 3036 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Laffaette

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

(c) Name of hospital or institution: South 8th street 1 (If not in hospital or institution, write street number or location)

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

In this community Three years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laffaette 54 3 2

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

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

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

If yes, name country — 0

3. (a) PRINT FULL NAME JACKSON WALKER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Colord

6. (a) Single, widowed, married, divorced Shoorsed 3

6. (b) Name of husband or wife PARALEE WALKER

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August (Month) 10 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	3	— hr. — min.

9. Birthplace — (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Day Labor

11. Industry or business —

FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Walker

(b) Address 1814 Woodland-Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Mo

19. (a) June 13-43 (Date received local registrar) (b) Mrs. F. Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1943 hour 11 minutes 45 P.M.

21. I hereby certify that I attended the deceased from June 2, 1943, to June 12, 1943, that I last saw him alive on June 12, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Ruptured Cerebral Vessel

Due to Senility — 8 Za

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

Major findings:
Of operations —

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature [illegible] (M. D. or other)

Address Lexington, Mo. Date signed 6/13/43

115 8 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number.....
Date Filed 7-13-43

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 Jesse Harry

Licensed Embalmer No. 2214

P. O. Address Sweet Springs

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.