. No. 2
—5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31466

FILED OCT 7 1943

Registration District No. 31

Primary Registration District No. 3012

Registrar's No. 331

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County ~~Meeker~~ 999

(c) City or town Meeker 34
(If outside city or town limits, write "RURAL")

(d) Street No. -- 0
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Ulysses E. Walker

3. (b) If veteran, name war World War I

3. (c) Social Security No. 410-01-2648

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife --

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

7. Birth date of deceased December 14, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	9	1	hr. min.

9. Birthplace Gasville, Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name J. G. Walker
13. Birthplace Saline Co. Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henna Abney
15. Birthplace - Arkansas /
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin-
(b) Address istration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Removed to Shawnee, Okla.

18. (a) Signature of funeral director Herbert Hope
HERBERT HOPE,
(b) Address Excelsior Springs, Mo.

19. (a) 9-16-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1106

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1943 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from April 16, 1943, to September 15, 1943
that I last saw him alive on September 15, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive Pulmonary Hemorrhage	instantaneous
Due to Tuberculosis, pulmonary, chronic, far advanced, IV severe	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 b1

Major findings:
Of operations
Of autopsy As shown above

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 Forrest G. Bell (M. D. or other) MD
Address Veterans Administration Date signed 9-16-43
Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-7-43

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 Chas. Virgil Hope

Licensed Embalmer No. 3958

P. O. Address Excelsior 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.