

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 40

NOV 12 1943
Registration District No. 237

Primary Registration District No. 5820

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Hudson - Rural Anderson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) _____ (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Hudson Rural Anderson Pop.
(If outside city or town limits, write "RURAL") 07200
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Lee Walker

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Walker 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased August 6 1898
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
12. Name George Walker
13. Birthplace _____ (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Catharine Griffin
15. Birthplace _____ (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Glady's Vanderweber
(b) Address Hudson, Missouri
17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden

18. (a) Signature of funeral director Landon Funeral Home
(b) Address Campbell, Mo
19. (a) Oct. 12 43 (b) Jude Mason
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1943 hour _____ minute 11:25 A.M.

21. I hereby certify that I attended the deceased from 10/9/43 to 10/12/43
that I last saw _____ alive on 10/9/43 and that death occurred on _____ date and hour stated above.
Immediate cause of death Coronary Artery

Due to Arteriosclerosis and Hypertension
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (Specify type of place) _____ (e) Means of injury _____
Address Hudson, Mo. Date signed _____

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

MOTHER FATHER

538

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1143-145

Date Filed 11-11-43

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 Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.