

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4145
Registrar's No. 136

FILED JAN 10 1944
Registration District No. 244

Primary Registration District No. 5019

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

1. PLACE OF DEATH:

(a) County Andrew Co. Mo.
(b) City or town Helena, Roche Neale
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME WALTER S. WALKER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Walker 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 3 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Barnabat Walker
13. Birthplace Andrew Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Ella T. Philpitt
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant William Walker
(b) Address Helena

17. (a) Burial (b) Date thereof 12-18-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director John Brown

(b) Address Massville Mo

19. (a) 12-29-1943 (b) F. H. Titchman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Helena Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-18 1943 to DEC 13 1943 that I last saw him alive on DEC 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic about 2 yrs

Due to arterio sclerosis

Due to hypertension

Other conditions (include pregnancy within 3 months of death) 938

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature L. C. Bauman (M. D. or other) M.D.
Address 670. Francis St Date signed 12-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1072

(Licensed Embalmer's Statement on Reverse Side)

F. J. Smith

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

John G. Brown

Licensed Embalmer No. *3933*

P. O. Address

Wayville 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.