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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 10 1944

Registration District No. 217

Primary Registration District No. 5880

Registrar's No. ....

1. PLACE OF DEATH:

(a) County. Osage

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

(c) Name of hospital or institution: At Home

(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) 15 years

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Osage

(c) City or town. Rural

(d) Street No. Mint Hill, Mo.

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

If yes, name country.

3. (a) PRINT FULL NAME Lewis Edward Walker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. December Day. 10th, year. 1943 hour. 10 minute. 8 A.M.

4. Sex Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. January 7th, 1929

21. I hereby certify that I attended the deceased from 4-28-43 to 12-9-43

that I last saw him alive on 19... and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	14	11	3	.....hr. ....min.

Immediate cause of death. Stomach myosarcoma

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

Due to ...

Due to ...

10. Usual occupation Student

Other conditions. (Include pregnancy within 3 months of death) fbd

11. Industry or business.

12. Name. Edw Thos Walker

13. Birthplace. St. Aubert, Mo. (City, town, or county) (State or foreign country)

14. Maiden name. Ernie Fern Starr (City, town, or county) (State or foreign country)

15. Birthplace. Byron, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant. Edw T. Walker

(b) Address. Chamois, Mo. R B.

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

(c) Place: burial or cremation. Shirley Cemetary

18. (a) Signature of funeral director. Clyde Morton

(b) Address. Box 144, Linn, Mo.

19. (a) Dec. 13 - 1943 (Date received local registrar) (b) T. H. Dubois (Registrar's signature)

Major findings: Of operations

Of autopsy. mo

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. T. H. Dubois (M. D. or other)

Address. Linn, Mo. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 Vernon Norton  
Licensed Embalmer No. 7125  
P. O. Address Len

**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.**