

2-43
7-39
X35697

FILED FEB 8 1944

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
413 S. Lincoln St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 413 S. Lincoln
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James F. Walker

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Walker 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 6, 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Deer Ridge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Landscape & Sign Painter

11. Industry or business

MOTHER FATHER { 12. Name Peter Walker
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Walker
(b) Address Kirkville, Mo.
17. (a) Burial (b) Date thereof 1/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)
La Belle, MO.
(c) Place: burial or cremation

18. (a) Signature of funeral director [Signature]
(b) Address Kirkville, Missouri
19. (a) 1/2/44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1943 hour 10:45 minute A: M.
21. I hereby certify that I attended the deceased from Dec. 26, 1943 to Dec. 31, 1943
that I last saw him alive on Dec. 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver ^{Duration 3 yrs}

Due to
Due to

Other conditions Arteriosclerosis - Myocarditis, chronic
(Include pregnancy within 3 months of death)

Major findings: H6 f
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?

While at work? (Specify type of place) Means of injury 0
23. Signature Spencer L. Freeman MD.
Address Kirkville, Mo. Date signed 1-7-44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-296

Date Filed FEB 5 1944

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 J. E. Riley.....

Licensed Embalmer No. 4181.....

P. O. Address Rockville MD-.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.