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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 MAR 8 1944 274

Registration District No.

Primary Registration District No. 3052

Registrar's No. 59

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital # 20
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 410 N Lamine
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

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

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

4. Sex M 5. Color or Race 2 race Negro 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mary Walker 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: (Month) 8 (Day) 5 (Year) 1876

8. AGE: Years 68 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation M. E. Minister

11. Industry or business Church

12. Name Matthew Walker

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mary Walker

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis O. Mo

18. (a) Signature of funeral director F. W. Ferguson
 (b) Address 117 E. Jefferson St Sedalia
 19. (a) 2-16-44 (Date received local registrar) (b) Mrs Lenna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1944 hour 3:00 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 1 1944 to Feb 13 1944 that I last saw him alive on Feb 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pharyngeal Cancer Duration 6 mos

Due to Eating Canned food -

Due to

Other conditions Myocarditis (Include pregnancy within 3 months of death) 8 mos

Major findings: Of operations 17 13 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) (e) Means of injury 0
 23. Signature W. M. Berger (M. D. or other) 2/16/44 Date signed

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

10
6
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-44

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.