V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10811

Registration District No. 8 2

Primary Registration District No. 3617

Registrar's No. 56

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ALEX RAVENSWAAY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE WEEK (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE 97

(c) City or town NELSON 17
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME LYLE MARION WALKER

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced S SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JANUARY (Month) 18 (Day) 1903 (Year)

8. AGE: Years 41 Months 2 Days 5 If less than one day hr. min.

9. Birthplace SALINE COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation POST EXCHANGE EMPLOYEE

11. Industry or business FT. LEONARD WOOD, MISSOURI

FATHER
12. Name JAMES WALKER
13. Birthplace SALINE COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name MAGGIE COXTON
15. Birthplace SALINE COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant MRS HAZEL POINDEXTER

(b) Address BOONVILLE, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/26/44 (Month) (Day) (Year)

(c) Place: burial or cremation NELSON, MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Mar. 27-44 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23rd year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Mar 16, 1944 to Mar. 23, 1944 that I last saw him alive on March 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute hemorrhagic nephrosis	a 2 weeks
Due to: Syphilis	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

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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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Alex Ravenswaay M.D. (M. D. or other)

Address Boonville Mo. Date signed 8-26

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-5-44

DEC 6 1945

MAY 2 1944

JUN 19 1945

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.