

FILED JUL 20 1944

Registration District No. 175

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 East College St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora 55
(If outside city or town limits, write "RURAL")
(d) Street No. 210 East College St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elisha James Walker

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna E Walker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 18 If less than one day br. min.

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

10. Usual occupation Retired Salesman

11. Industry or business

12. Name Henry Walker

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

14. Maiden name Eliza Roseberry

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

16. (a) Informant Frank Reynolds

(b) Address Neosho Mo.

17. (a) Removal (b) Date thereof 6/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Mo.

18. (a) Signature of funeral director J. J. King

(b) Address Aurora Mo.

19. (a) 6-30-44 (b) Emilia E. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 0 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 11, 1943 to June 28, 1944
that I last saw him alive on June 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Due to Arterio Sclerosis
Due to not known

Other conditions PTA
(Include pregnancy within 3 months of death)

Major findings:

Of operations 0

Of autopsy 0

Duration

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) 0
(e) Means of injury 0

23. Signature Emilia E. King (Print name or other)

Address Aurora Mo. Date signed 6/30/44

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

RECEIVED

District Health Officer No. 6

District File Number 744-840

Date Filed JUL 17 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 G. Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Aurora Ill

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.