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5-17-39
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27321

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 6 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELDON - WALKUP

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 7
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from aug 5 PM
1944, to aug 7 AM 1944

that I last saw h. _____ alive on _____ 1944
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Jan 18 1891
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

33 6 19 hr. _____ min.

9. Birthplace Buchanan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Henry Walkup

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

14. Maiden name Jimmy Rodman

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

16. (a) Informant Nelle Walkup

(b) Address Laver Mo.

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

(c) Place: burial or cremation Allen Cem.

18. (a) Signature of funeral director H.A. Sullivan

(b) Address Laver Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 J.C. Sims (M. D. or other) _____
Address Laver Mo. Date signed 8-14-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1100

1227

(Licensed Embalmer's Statement on Reverse Side)

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.....

W A Sullivan

Licensed Embalmer No.....

1738

P. O. Address.....

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.