

S. No. 2
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S-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1944
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 203

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 200 N. Maple
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: - - -
 In this community 24 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Carthage 1
 (If outside city or town limits, write "RURAL.") 3
 (d) Street No. 200 N. Maple
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: - - - 0

3. (a) PRINT FULL NAME Isaac Bolton Walker
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 17
 year 1944 hour 1 minute 10 A.M.
 21. I hereby certify that I attended the deceased from
 Sept. 6, 1944, to Sept. 17, 1944
 that I last saw him alive on Sept. 6, 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed 2
 6. (c) Age of husband or wife if alive - - - years
 7. Birth date of deceased October 28 1855
 (Month) (Day) (Year)

Immediate cause of death
 arteriosclerosis
 secondary
 chr nephritis
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 1318

8. AGE: Years Months Days If less than one day
 88 10 19 hr. min.

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Salesman

11. Industry or business None

12. Name John J. Walker

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

14. Maiden name Eliza McKinney

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

16. (a) Informant Mrs. Majorie Prentice

(b) Address 200 N. Maple, Carthage, Mo.

17. (a) Burial (b) Date thereof Sept. 19, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Sept. 19, 1944 (b) Elizabeth Cooper
 (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. E. Prentice (M. D. or other)
 Address Carthage Mo. Date signed 9-20-44

1203

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 *Emmal Kruel*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.