

FILED FEB 13 1945

Registration District No. 226

Primary Registration District No. 4482

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Memphis
(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

3. (a) PRINT FULL NAME

Tertrude Walker

(b) If veteran, name war

(c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Harry Walker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 21 - 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Quincy Ill (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Herman Reese
13. Birthplace Quincy Ill (City, town, or county) (State or foreign country)
14. Maiden name Wm Herman Reese
15. Birthplace Quincy Ill (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Moffitt
(b) Address Memphis Tenn

17. (a) Burial (b) Date thereof Jan 10 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Tenn

18. (a) Signature of funeral director Walter B. Keith
(b) Address Memphis Tenn

19. (a) 1-25-1945 (b) Bessie Wilson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Memphis Tenn (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day June
year 1945 hour 2 minute 30 A.

21. I hereby certify that I attended the deceased from Jan 5, 1945, to Jan 9, 1945, that I last saw him alive on Jan 8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Robert Pneumonia Duration 5 D.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____
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? _____
(e) While at work? _____ (Specify type of place) (f) Means of injury _____
23. Signature W. B. Alexander (M. D. or other)
Address Memphis Tenn Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 2-45-346

Date Filed FEB 11 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... Fred Lenth

Licensed Embalmer No. 4256

P. O. Address... Memphis

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.