. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8932

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 73

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 5074

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: Barton Co. Union 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 72 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton 6

(c) City or town Sheldon Mo Rural 11
(If outside city or town limits, write "RURAL")

(d) Street No. Barton Co Union
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES HENRY WALKER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male A

5. Color or race W

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

6. (b) Name of husband or wife Emily Bogard

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

7. Birth date of deceased Oct (Month) 21 (Day) 1863 (Year)

8. AGE: Years 81 Months 3 Days 10 If less than one day hr. ✓ min.

9. Birthplace unknown (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Elizabeth Walker
13. Birthplace unknown (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name unknown unknown
15. Birthplace unknown (City, town, or county) unknown 1 (State or foreign country)

16. (a) Informant Mrs J. W. McKearley
(b) Address Sheldon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon Cemtry

18. (a) Signature of funeral director G B Berry & Sons
(b) Address Sheldon Mo

19. (a) 2-2-45 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31th year 1945 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from ——, 19__, to ——, 19__; that I last saw him alive on August 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	5 days
Due to Cardio-Renal Vascular	
Due to disease	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Duckett (M. D. or other) MD

Address Lamar Mo Date signed 1-31-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 345-251
Date Filed MAR 13 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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.