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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24256

State File No.

FILED JUL 27 1945

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 321

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 313 McConnell ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 313 McConnell (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Reuben Abe Walker
3. (b) If veteran, name war Spanish Amer
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Jane
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec (Month) 25 (Day) 1882 (Year)

8. AGE: Years 62 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Retired Barber
FATHER
12. Name David Walker
13. Birthplace Christian Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Sarah Shipman
15. Birthplace Christian Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Helen Noel
(b) Address 1322 East 3rd St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Park Memorial
18. (a) Signature of funeral director Hamlet Dillon
(b) Address 305 W 4th St
19. (a) 7-17-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1945 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 8, 1945 to July 16, 1945 that I last saw him alive on July 8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: carcinoma of face & pt neck	9
Due to	
Due to	
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 J H Chenoweth (M. D. or ~~other~~)
Address Joplin Mo Date signed 7/19/45

1204 (Licensed Embalmer's Statement on Reverse Side)

-218
26-45

45-7-595

JUL 31 1945

JUL 27 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 Cecil A Kornhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.