

FILED July 16 1945

Registration District No. 293

Primary Registration District No. 6004

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ralls
 (c) City or town Saverton
(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 Charles Walker
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Ada D. Walker 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased: August 16, 1882
(Month) (Day) (Year)

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

9. Birthplace Kinderhook Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name George M. Walker
 13. Birthplace Burton Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Corrella Agws
 15. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Walker
 (b) Address Saverton Missouri

17. (a) Burial (b) Date thereof 5/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Barkley Cemetery New London Mo.

(b) Address 902 Broadway Hannibal Missouri

19. (a) 5-11-45 (b) R. B. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
 year 1945 hour 2 minutes 30 P. M.
 21. I hereby certify that I attended the deceased from Sept 1944 to May 7 1945
 that I last saw him alive on Mar 10 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular Heart disease

Due to _____
 Due to _____
 Other conditions: 1
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: 920
 Of autopsy: _____

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? _____

23. Signature G. R. Motley (M. D. or other) _____
 Address Hannibal, Mo Date signed 5/10-45

Duration _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 7-45-1050

Date Filed JUL 12 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

George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal, Missouri

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.