

FILED AUG 18 1945
Registration District No. 227

Primary Registration District No. 5802

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Duncans Bridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodlawn Insp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 75 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Duncans Bridge
(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 Andrew M 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 Nellie J Walker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 6th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 17 hr. min.

9. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name John Walker

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

14. Maiden name Margaret Hyatt

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

16. (a) Informant Mrs Nellie J Walker

(b) Address Duncans Bridge Mo

17. (a) Burial (b) Date thereof 7/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillips Cemetery

18. (a) Signature of funeral director Million & Barkeley

(b) Address Clarence Mo

19. (a) July 30-45 (b) Otto Hubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from July 20
1945 to July 27 1945
that I last saw h im alive on July 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 week

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature A. L. Harlan (M. D. or other)
Clarence Mo Date signed July 20 1945

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

1125

RECEIVED

District Health Officer No. 10

District File Number 8-45-1239

Date Filed AUG 16 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

Henry A. Berkeley

Licensed Embalmer No.

3835

P. O. Address

Shelburne Vt.

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.