

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 115

FILED DEC 29 1945
Registration District No. 173

Primary Registration District No. 3036

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry-co⁵

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R-1 Crane Mo. 0
(If rural, give location)

(e) Citizen of foreign country? NO 1
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jerry Leon Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23
year 1945 hour 9 minute 10 P.M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov-22 1945 to Nov-23 1945; that I last saw him alive on Nov 23 1945; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
	<u>1</u>	<u>14</u>	hr. min.

Immediate cause of death Enteritis

Duration 5 days

9. Birthplace Barry County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Due to _____

Due to _____

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

11. Industry or business _____

12. Name Odes Walker

13. Birthplace Barry County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Vaneta Crouch

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 11/9/45

Of autopsy _____

16. (a) Informant Mr. Odes Walker

(b) Address R 1 Crane Mo.

17. (a) Burial (b) Date thereof 11/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

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? _____

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 12-1-1945 (b) Dr. J. M. Math
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature J. P. Coyle M.D. (M. D. or other) _____
Address Crane Mo Date signed 11-24-45

RECEIVED

District Health Officer No. 6;

District File Number 1245-1180

Date Filed 12-18-45

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

Herman Surridge

Licensed Embalmer No.

3072

P. O. Address

Aurora 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.