

No. 2
1-8-43
5-17-39
X37823

FILED APR 22 1946

Registration District No. **10**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Andrain**
(b) City or town **Mexico Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Andrain County Hospital**
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
(c) City or town **Sulton, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **107 W 3rd St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Doren Edward Walker**

3. (b) If veteran, name war **no**
3. (c) Social Security No **498-18-610e**

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

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

7. Birth date of deceased **Feb. 8 1913**
(Month) (Day) (Year)

8. AGE: Years **33** Months **1** Days **1**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Truck Driver, F.B. Blumatt**

11. Industry or business _____

12. Name **H. E. Walker**

13. Birthplace **Hellsville Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Lottie Jones**

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

16. (a) Informant **Mrs. Myrl Walker**

(b) Address **Sulton Mo**

17. (a) **Burial** (b) Date thereof **3-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hellsville Cem, Sulton, Mo.**

18. (a) Signature of funeral director **Hallace Funeral Home**

(b) Address **716 Sulton, Mo**

19. (a) **3/9/46** (b) **Blanche Heely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1946** hour **10** minute **A.M.**

21. I hereby certify that I attended the deceased from **2-26-46** to **3-9-46**
that I last saw him alive on **3-9-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio Nephritis**
Rheumatism
Due to _____

Duration
10 yrs.
10 yrs

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? _____

23. Signature **Frank Jolley** (M. D. or other) **MD**
Address **Mexico Mo** Date signed **3/9/46**

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

4
1
2

RECEIVED

DEPARTMENT OF HEALTH No. 9A

4-46-76P

APR 19 1948

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 Wenzel P. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.