S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23179

Registration District No. 99 Primary Registration District No. 5376 Registrar's No. 58

1. PLACE OF DEATH:

(a) County De Kalb Co

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

(c) Name of hospital or institution: Garden Prairie Community
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 32

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

(d) Street No. Garden Prairie Community
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ERSTON-WALDON WALKER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

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 July (Month) 31 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	14	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Wm WALKER
13. Birthplace No record (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name LENA F. WHITSELL
15. Birthplace No record (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Herschel Walker
(b) Address De Kalb Co. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) 7-20-46 (Date received local registrar) (b) Roscoe Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour minute 9:00 A.M.

21. I hereby certify that I attended the deceased from 17 March 1946, 19__, to 17 July 1946, that I last saw him alive on 16 July 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

$30

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 Vad Kimes (M. D. or other)

Address Cameron Mo Date signed 18 July 46

82 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clarence D. Nelson

Licensed Embalmer No. 4421

P. O. Address Cameron, 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.