S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26381

FILED AUG 20 1946

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 908

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

25227

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mrs. Stella Peek Nursing Home 723 So. 11 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether In this community 31 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 618½ Edmond (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Wesley Walker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Walker

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 29 (Day) 1861 (Year)

8. AGE: Years 85 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Ret. Chiropractor

11. Industry or business Chiropractor

FATHER
12. Name Unknown Walker
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Mattie Walker

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Heaton Be Gale & Bowman

(b) Address St. Joseph, Mo.

19. (a) Aug. 14, 1946 (Date received local registrar) (b) H J Nestlehuf (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1946 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Aug 9, 1946 that I last saw him alive on Aug 9-46, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death weakened heart, Angina — Duration

Due to old age, insanity

Due to kidney condition

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 94b

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 2

23. Signature Aurel E. Foster (M.D. or other) D.O.

Address 203 Ballinger Bldg. Date signed 8-12-46

34

(Licensed Embalmer's Statement on Reverse Side)

Battingle Bldg.

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 Raymond W. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St Joseph, 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.