V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29810

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 138

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 127 S. Randalph
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Louis Walker
3. (b) If veteran, name war
3. (c) Social Security No. 702-14-3968
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 Nov. (Month) 11. (Day) 1878 (Year)
8. AGE: Years 67 Months 9 Days 29 If less than one day hr. min.
9. Birthplace Pleasant Hill, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Baggageman Mo. Pac. Depo
11. Industry or business
MOTHER FATHER
12. Name John W. Walker
13. Birthplace Greenup Co. Ky. (City, town, or county) (State or foreign country)
14. Maiden name Sallie Rudd
15. Birthplace Athens, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Sam Walker
(b) Address Pleasant Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.
19. (a) 9-20-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1946 hour 10 minute 30 a.m.
21. I hereby certify that I attended the deceased from Aug. 10 1946 to Sept. 10 1946 that I last saw him alive on Sept 10 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 9-47

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 L. V. Murray M.D. (M. D. or other) 9-11-46
Address Pleasant Hill, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

28646

OCT 1 1946

DEC 13 1946

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 By me Sept 10-1946, Registered Apprentice No.....,
working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.