S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36319

Primary Registration District No. 3010

Registrar's No. 378

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 205 So. PACIFIC ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 43 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County CAPE GIR
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 205 So PACIFIC ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME GEORGE W. WALKER
3. (b) If veteran, name war
3. (c) Social Security No.
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 alive years
7. Birth date of deceased JAN. (Month) - 26 (Day) - 1876 (Year)

8. AGE: Years 70 Months 9 Days 10 If less than one day hr. min.

9. Birthplace JONESBORO (City, town, or county) ILL (State or foreign country)
10. Usual occupation M.D.
11. Industry or business
MOTHER FATHER
12. Name WM. W. WALKER
13. Birthplace UNION CO. (City, town, or county) ILL (State or foreign country)
14. Maiden name SARAH WILFORD
15. Birthplace JONESBORO (City, town, or county) ILL (State or foreign country)
16. (a) Informant MRS. G. W. WALKER
(b) Address CAPE GIRARDEAU, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director Walther Und. Co
(b) Address Cape Girardeau Mo
19. (a) 11-15-1946 (Date received local registrar) (b) G. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1946 hour 9. minute 03 P.M.
21. I hereby certify that I attended the deceased from July 15, 1946, to Nov 13, 1946, that I last saw him alive on Nov 13, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDITIS	
CHRONIC & VALVULAR INSUFFICIENCY	3 years
Due to	
Due to HYPERTENSION	15 YRS
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Edward D Campbell (M.D. or other)
Address Cape Girardeau, Mo Date signed 11-15-46

44 (Licensed Embalmer's Statement on Reverse Side)

EIVED

Health Officer No. 4

File Number 1146-2868

Date Filed 11-18-46

DEC 2 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.