

FILED FEB 14 1947

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Murphy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jasper Co TB Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Huston Walker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male race Wh 5. Color or race Wh  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 12 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 25 hr. min.

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

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

12. Name John Walker

13. Birthplace Denmark  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Campbell

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb 5, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orange Cemetery

18. (a) Signature of funeral director Walt City

(b) Address Walt City, Mo

19. (a) FEB; 8; 47 (b) P. P. Beckwith M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper #9  
(c) City or town Orange  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6  
year 1947 hour 1 minute 45 P.M.  
21. I hereby certify that I attended the deceased from July 3, 1946 to Feb 6, 1947  
that I last saw him alive on Feb 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Pulmonary  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 13 B  
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 0  
Signature John E. Douglas (M. D. 1/6/47)  
Address Walt City, Mo Date signed 7/6/47

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

MOTHER FATHER

47-1-94

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 Alexander M. Johnston  
Licensed Embalmer No. 4304  
P. O. Address Webb City 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.