. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1947

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14450

Registration District No. 272 Primary Registration District No. 5912 Registrar's No. 91

**1. PLACE OF DEATH:**

(a) County Pemiscot
(b) City or town Steele rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 7 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot 78
(c) City or town Steele rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Calvin Walker

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

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie Walker
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased April (Month) 27 (Day) 1903 (Year)

8. AGE: Years 43 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Dahney (City, town, or county) ark (State or foreign country)
10. Usual occupation Farming
11. Industry or business

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

MOTHER
14. Maiden name Mrs L. A. Bridges
15. Birthplace (City, town, or county) NC (State or foreign country)

16. (a) Informant Mrs Goldie Walker
(b) Address Steele Mo Route 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director J. J. Garmon
(b) Address Steele Mo
19. (a) 5-1-47 (Date received local registrar) (b) L. R. Thomson (Registrar's signature) JUG

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 16 year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw him alive on 13th of April, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death did not treat him Ex him and was trying to send him back to Sanitarium — Duration

Due to Mount Vernon he died the 16 the and I saw him after death

Due to on the 17th of April 47 he died with J.B. of both lungs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

13B

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 0

23. Signature J. R. McDaniel (M. D. or other)
Address Steele Mo. Date signed 5-16-47

(Licensed Embalmer's Statement on Reverse Side)

5-47-152

**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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo. Box 42

**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.**