No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 17 1947

Registration District No. 19

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4180

State File No. 41323

Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Campbell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (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: Dunklin 35
(c) City or town: Campbell (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 —

3. (a) PRINT FULL NAME: Elijah Johnson Walker
3. (b) If veteran, name war: None
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: Winnie Walker
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: December (Month) 8 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	8	hr. min.

9. Birthplace: Campbell (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: —
FATHER
12. Name: Levi Walker
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Sarah Jane Luthers
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Alex Walker
(b) Address: Campbell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: Landess Funeral Home
(b) Address: Campbell, Mo.
19. (a) 12/1/47 (Date received by local registrar) (b) Mrs. Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 16th year: 1947 hour: minute: 11:30 p. M.

21. I hereby certify that I attended the deceased from June 2nd, 1947, to Nov. 15th 1947; that I last saw h. alive on Nov. 15th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro-Vascular accident - Left hemiplegia	11 days
Due to: Arterial Hypertension	?
Due to: Arteri-sclerosis	?
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of 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: Wallace A. Belsey (M. D. or other) MD
Address: Campbell Mo. Date signed 11/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1585
Date Filed 12-1-47

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.