

No. 2  
1/47  
5-17-39

44429

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED FEB 10 1948

Registration District No. 169

Primary Registration District No. 5622

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Knox City  
(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.....  
(Specify whether In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Rural - Myrtle  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 N. of Knox City  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME George Wesley Walker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 15 day.....  
year 1947 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from May, 1945, to August 15, 1947;  
that I last saw him alive on August 15, 1947;  
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Bell Walker 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 7, 1883  
(Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis

Due to.....

Due to.....

Other conditions General Debility  
(include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>8</u>	hr. .... min

9. Birthplace Lewis County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name James L. Walker

13. Birthplace Lewis County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Daugherty

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant Carrie Bell Walker  
(b) Address Knox City, Missouri

17. (a) Burial (b) Date thereof 8/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox City Cemetery

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..... (a) Means of injury.....

23. Signature Walden B. Hunt M.D. or other.....  
Address Knox City, Mo Date signed 2/3/48

18. (a) Signature of funeral director August Walker  
(b) Address Knox City, Mo

19. (a) 1-19-48 (b) Walden B. Hunt  
(Date received local registrar) (Registrar's signature)

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

2  
8

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.....

*Harold W. Miller*

Licensed Embalmer No.....

*684*

P. O. Address.....

*West Co. 70*

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.

Registration District No. 169 Primary Registration District No. 5622

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Knoxville City  
(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)

3. (a) PRINT FULL NAME George W. Walker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased April 7 1906 (Month) (Day) (Year)

8. AGE: 64 Years 4 Months 4 Days If less than one day hr. min. N/6

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan-19-48 (b) J. H. S. Hunter (Registrar's signature) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Knox  
(c) City or town Memphis (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATE FROM

20. DATE OF DEATH: Month 1-1948 Year hour minute M.

21. I hereby certify that I attended the deceased from to that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other)

Date signed

SUPPLEMENTARY

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

S-44429