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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

153

State File No. ....  
Registrar's No. 21

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution:  
509 Price Ave  
(d) Length of stay: In hospital or institution  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(d) Street No. 509 Price Av  
(e) Citizen of foreign country? No  
If yes, name country X

3. (a) PRINT FULL NAME ISHAM Burnette WALKER  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 19th  
year 1948 hour 8:10 minute P. M.  
21. I hereby certify that I attended the deceased from  
Jan 3 1948 to Jan 19 1948  
that I last saw him alive on Jan 19, 1948  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Josephine Walker  
6. (c) Age of husband or wife if alive 1861 years  
7. Birth date of deceased MARCH 7 (Month) (Day) (Year)

Immediate cause of death  
Chronic Myocarditis.  
Fracture, neck of left femur.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 86 Months 10 Days 12  
If less than one day hr. min.

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy not done.

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Duration \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business Retired

12. Name Benjamin Walker  
13. Birthplace Howard Co Mo  
14. Maiden name Elizabeth Wainwright  
15. Birthplace Howard Co Mo

16. (a) Informant Morris Walker  
(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Jan 21 1948  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. O. Wainwright  
(b) Address Columbia Mo  
19. (a) 1-20-48 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 1/18  
(c) Where did injury occur? \_\_\_\_\_  
(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 Robert J. Simpson, M.D. (M. D. or other) O  
Address Columbia, Mo. Date signed 1/20/48

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

MOTHER, FATHER

Date Filed JAN 28 1948  
District File Number

Health Officer No.  
FIELD

**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 [redacted] .....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Lynwood H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.**

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Isham B. 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 \_\_\_\_\_

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

7. Birth date of deceased march 7 (Month) (Day) (Year)

8. AGE: Years 86 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

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

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Accidental fall on ice

(b) Date of occurrence Jan 1, 1948

(c) Where did injury occur? Columbia, Boone, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? just outside house.

What at work? no (Specify type of place) (e) Means of injury fall on ice.

23. Signature T. H. Simpson (M. D. or other)

Address Columbia, Mo. Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-153

Ball  
L. ...

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