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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1948

Registration District No. 311

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2163

Primary Registration District No. 4456

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: St Clair
(b) City or town: Appleton City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East 2nd St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Home (Specify whether
In this community: 58 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Clair 93
(c) City or town: Appleton City Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Oscar Clifford Walker

3. (b) If veteran, name war: None

3. (c) Social Security No. 497-24-0062

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Cora Duffey

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Apr (Month) 22. (Day) 1889 (Year)

8. AGE: Years 58 Months 8 Days 27 If less than one day hr. min.

9. Birthplace: Appleton City (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER

12. Name: James Walker 1

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

14. Maiden name: Sevilda Smith

15. Birthplace: Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Cora Walker
(b) Address: Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Appleton City Mo

18. (a) Signature of funeral director: Frank Lee
(b) Address: Appleton City Mo

19. (a) Jan. 19 1948 (Date received local registrar) (b) Mrs Ola Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1 1942 to Jan 15 1948 that I last saw him alive on 1-15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sw	
Uremia Coma	
Influenza	
Due to Hemiplegia	
Due to Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13 B
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)
(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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature: A. R. Hansen (M. D. or other) MD
Address: Appleton City Mo Date signed 1-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 14-47-3065
Date Filed 1-20-48

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~~ ..... on the 15th day of Jan 1948, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1899

P. O. Address Appleton 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.