FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3810

Registration District No. 3718 Primary Registration District No. 6286 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: WRIGHT Wood Twp
(b) City or town: RURAL # Norwood
(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: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: WRIGHT 114
(c) ~~City or town~~: RURAL # Wood Twp.
(If outside city or town limits, write "RURAL")
(d) ~~Street~~ city: Norwood, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no.

3. (a) PRINT FULL NAME: JAMES WALKER
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Bessie Hously
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Dec. (Month) 24 (Day) 1889 (Year)

8. AGE: Years 58 Months 1 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Wright Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER 12. Name: CHARLEY WALKER
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: SUSAN ATKISSON
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Bessie Housley
(b) Address: Norwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: R. W. Butler
(b) Address: Oak Grove, Mo.
19. (a) 2-5-48 (Date received local registrar) (b) A. C. Agnew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1948 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from Jan 5 1948, 19..., 19..., 19... that I last saw him alive on Jan 10 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Valve Disease	
Due to: Rheumatism	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: no	
Of autopsy: no	

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: [illegible] (M. D. or other)
Address: Norwood Mo. Date signed 2/4/1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 248-225
Date Filed FEB 11 1948

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn Grove, 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.