

FILED MAY 7 1948

Registration District No. 297

Primary Registration District No. 5952

Registrar's No. 29

1. PLACE OF DEATH

(a) County Pike
(b) City or town Spencer Sup Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Mo (b) County Pike
(c) City or town Spencer Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bowling Green
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Ralph Walker

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex male

5. Color or race white

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife Margaret Walker

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 26 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>19</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James S. Walker

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

14. Maiden name Margaret Todd

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

16. (a) Informant Mrs. Margaret Walker

(b) Address Bowling Green Mo Rt 1

17. (a) Burial (b) Date thereof 4 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis TN

18. (a) Signature of funeral director Walter Bankhead

(b) Address Bowling Green Mo

19. (a) 4-26-48 (b) Bill Robinson
(To register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1948 hour 9 minutes 27 A. M.

21. I hereby certify that I attended the deceased from Mar 2nd 1944 to April 15 1948
that I last saw him alive on April 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131 W
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 J B Buggs M.D. (M. D. or other) _____
Address Bowling Green Mo Date signed 4/15/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
File Number 548-784
MAY -5 1948
Date Filed

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.....

Harold C. Kinski, Registered Apprentice No. *4*
working under my personal supervision.

Signed *Grace M. Donkhead*

Licensed Embalmer No. *2204*

P. O. Address *Bowling Green, 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.