S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15665

Registration District No. 5-2 Primary Registration District No. 5181 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Friedheim Rural applicant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Friedheim, Mo.
(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 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Fruitland 16
(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) 0

If yes, name country ____

3. (a) PRINT FULL NAME Charles Walker

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 7

6. (b) Name of husband or wife Elizabeth Heuschober

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

7. Birth date of deceased January (Month) 10 (Day) 1879 (Year)

8. AGE: Years 69 Months 4 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Neelys Landing (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business ____

FATHER
12. Name Elec Walker
13. Birthplace Don't Know (City, town, or county) ____ (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth E. Anderson
15. Birthplace Don't Know (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant Martin Walker
(b) Address Rockford, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethel Cemt.

18. (a) Signature of funeral director L. L. Hamann
(b) Address Cape Girardeau, Missouri

19. (a) 5-24-48 (Date received local registrar) (b) D. G. Seibert (Registrar's signature) 1/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from April, 1948, to May 19, 1948; that I last saw him alive on May 19th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the throat	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 4
Of autopsy 1/5

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. D. Blaylock (M. D. or other) MD
Address Oak Ridge Mo Date signed 5-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-700

Date Filed 6-4-48

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard B. Hamann

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri.

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.