

FILED JUL 10 1948

State File No. _____

Registration District No. 64

Primary Registration District No. 4147

Registrar's No. 31

1. PLACE OF DEATH

(a) County Cooper
(b) City or town Puncheon
(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 none
(Specify whether years, months or days) 80 yrs.

3. (a) PRINT FULL NAME JAMES WILLIAM WALKER

3. (b) If veteran, name war no - 3. (c) Social Security No. no -

4. Sex M.O 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie R. Walker 6. (c) Age of husband or wife if alive 9-7-1868 years (Month) (Day) (Year)

8. AGE: 80 Years 5 Months 10 Days 1 hr. 1 min. If less than one day

9. Birthplace Pleasant Green Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William Walker

13. Birthplace Pleasant Green Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Bowman

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

16. (a) Informant Bessie R. Walker

(b) Address Puncheon Mo.

17. (a) Burial (b) Date thereof 6-21-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green Mo.

18. (a) Signature of funeral director Hygo & Spitzer

(b) Address Pilot Grove Mo.

19. (a) 6-21-48 (b) Nellie Mullett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 38 1938 to 6-19-48 1948

that I last saw him alive on 6-19-48 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of brain following cerebral hemorrhage 2 yrs
Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g50

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 B.

23. Signature Leon Sandy (M. D. or other) Pilot Grove Mo. Date signed 7/22/48

Address _____

USE UNFADING BACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number _____

Date Filed 7-9-48

JUL 12 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, myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.