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X47070

FILED JUN 29 1948

4388

Registration District No. **236**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **Osage**  
(b) City or town **Chambers mo.**  
(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 **46 years**  
years, months or days

3. (a) PRINT FULL NAME **Annie M Walker**  
3. (b) If veteran, name war **=**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **J. J. Walker**  
6. (c) Age of husband or wife if alive **79** years  
7. Birth date of deceased **Sept 7 1874**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **16** If less than one day **13** hr. \_\_\_\_\_ min.

9. Birthplace **Lawrenceburg Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **John Mueller**  
13. Birthplace **Germany**  
(City, town or county) (State or foreign country)  
14. Maiden name **Amatilda Messner**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chara M. Paek**  
(b) Address **Chambers, mo.**

17. (a) **burial** (b) Date thereof **6-25-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Catholic Cemetery**

18. (a) Signature of funeral director **Otto T. Stocksch**  
(b) Address **Chambers, mo.**

19. (a) **6-25-48** (b) **Ether Louder**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Osage 76**  
(c) City or town **Chambers, mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**  
year **1948** hour **12** minute **00** P.M.

21. I hereby certify that I attended the deceased from **5/1/48**  
\_\_\_\_\_ 19, to **6/22/48** 19;  
that I last saw her alive on **11:00 AM 6/1/48** 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive failure (heart)**  
Due to **chronic essential hypertension**  
Due to **uremia**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration

**6 months**  
**2 years**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **23**

23. Signature **L. E. Giffen D. O.** (M. D. or other)  
Address **Chambers, Mo.** Date signed **6/22/48**

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

288

272

RECEIVED  
District Health Officer No. 9,  
District File Number JUN 28 1948  
Date Filed

JUL 1 9 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 *Omer L. Jones*  
Licensed Embalmer No. *4411*  
P. O. Address *Jefferson City*

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