No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27004

Registration District No. 200 | Primary Registration District No. 5726 | Registrar's No. 364

1. PLACE OF DEATH:
(a) County Macon Middle
(b) City or town rural Fork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Macon
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Middle Fork Twp. Macon R.F.D. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P. Walker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 22 (Day) 1855 (Year)

8. AGE: Years 93 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Nathan Walker
13. Birthplace Va (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Almira Baker
15. Birthplace Macon Co (City, town, or county) (State or foreign country)
16. (a) Informant Ernest Walker
(b) Address Moberly Mo. R2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.
19. (a) Aug 30-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1948 hour 12 minute 50 A M.
21. I hereby certify that I attended the deceased from June, 1948, to Aug 2, 1948 that I last saw him alive on Aug 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Howard Miller (M. D. ~~or other~~)
Address Macon Mo Date signed 8/28/48

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

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

RECEIVED
District Health Officer No. 10
District File Number 9-48-1584
Date Filed SEP 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 C. L. Stephens

Licensed Embalmer No. 5057

P. O. Address Macon 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.