No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30221

FILED OCT 6 1948 169
Registration District No.

Primary Registration District No. 5623

Registrar's No.

1. PLACE OF DEATH:
(a) County: Knox County
(b) City or town: Novelty, Mo. Rural
(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
In this community: Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox 52
(c) City or town: Novelty Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Six miles S. E. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Willard Agustus Walker
3. (b) If veteran, name war: X
3. (c) Social Security No.: X

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Letha Walker
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: February (Month) 26th (Day) 1880 (Year)

8. AGE: Years 68 Months 6 Days 27 If less than one day hr. min.

9. Birthplace: Knox County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: "

MOTHER FATHER
12. Name: John Walker
13. Birthplace: Ralls County (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Sarah Hunt
15. Birthplace: Knox County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Letha Walker
(b) Address: Novelty, Missouri
17. (a) Burial: (Burial, cremation, removal) (b) Date thereof: 9-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Salem Cemetery
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina, Mo.
19. (a) 9-24-48 (Date received by local registrar) (b) Nell S. Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 23rd Year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 13, 1948 to Sept 22, 1948 that I last saw him alive on Sept 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Poisoning — Duration: Sept 13 1948 to Sept 22 1948

Due to: Nephritis

Due to:

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

Major findings:
Of operations: 132
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: 2

23. Signature: E. O. Holmes (M. D. or other) D.O.
Address: Novelty, Mo. Date signed: Sept 30 1948

(Licensed Embalmer's Statement on Reverse Side)

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

Jefferson City Printing Co.

OCT 26 '54

RECEIVED
District Health Officer No. 10
District File Number 1048:175
Date Filed OCT 5 - 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 W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.

S. No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30221

Registration District No. 169 Primary Registration District No. 5623 Registrar's No.

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Novelty Rural (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)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox

(c) City or town Novelty Rural (If outside city or town limits, write "RURAL")

(d) Street No. Lip Julia S. E. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willard A. 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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 26 1889 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Farming

MOTHER FATHER

12. Name John Walker

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

14. Maiden name Sarah Hunt

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

16. (a) Informant Mrs Letha Walker

(b) Address Novelty, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Salem Cemetery

18. (a) Signature of funeral director William S Barkelew

(b) Address Shelbina, Mo

19. (a) Sept 27-48 (Date received local registrar) (b) Neb S. Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 23 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic poisoning	
Due to nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of Injury

23. Signature E. O. Holmes (M. D. or other) DO

Address Novelty Mo Date signed 9/30

SUPPLEMENTARY

S-30221