No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32246

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 332

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. 18 min. (Specify whether
In this community 2 hrs. 18 minutes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 528 Olive St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Moses P. Walker
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced ---
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased October 23, 1948 (Month) (Day) (Year)

8. AGE: Years ---- Months ---- Days ---- If less than one day 2 hr. 18 min.

9. Birthplace Cape Girardeau, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation ---
11. Industry or business ---

FATHER
12. Name Tollie Walker
13. Birthplace Memphis, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alleen Runnels
15. Birthplace Cape Girardeau, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Tollie Walker
(b) Address 528 Olive, Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery
18. (a) Signature of funeral director F. J. Sparke
(b) Address Cape Girardeau, Mo.
19. (a) 11-1-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 8 30 AM 10-23, 1948 to 8:40 AM 10-23, 1948 that I last saw him alive on 10/23/48, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	immed.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 20	
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 John V. Crowe (M. D. or other)
Address Cape Girardeau, Mo. Date signed 10/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

...ct Health Officer No. 4

1148-136

11-8-48

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Sir. 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.