No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36276

Registration District No. FILED DEC 14 1948 7

Primary Registration District No. 3023

Registrar's No. 248

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 228 W Clinton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton (If outside city or town limits, write "RURAL") 1

(d) Street No. 228 W Clinton St (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry F Walker

3. (b) If veteran, name war ✓

3. (c) Social Security No. 497-14-0827

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 12 (Month) 15 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John H Walker
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Susan Elam
15. Birthplace (City, town, or county) Carolina (State or foreign country)

16. (a) Informant William Walker

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Sickman-Dunning

(b) Address Clinton Mo

19. (a) 12-11-48 (Date received local registrar) (b) R R Kenney (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 9 July 15, 1948, to Nov. 6, 1948 that I last saw him alive on Nov. 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hr.
Due to gangrene lower extremity	
Due to arterio-sclerosis	4 mo.
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 R. J. Bowell (M. D. or other) Do

Address Clinton Mo (f) Date signed 12/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-48-1425
Date Filed 12-13-48

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 Robert L Dunning, Registered Apprentice No. 3682, working under my personal supervision.

Signed J R Housey
Licensed Embalmer No. 3682
P. O. Address Calhoun 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.