DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37681

Primary Registration District No. 5992

Registrar's No. 16

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

**1. PLACE OF DEATH:**

(a) County: Putnam

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

(c) Name of hospital or institution: Unionville, Mo. /
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Putnam 86

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Worthington, Mo. 0
(If rural, give location)

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

If yes, name country: no

3. (a) PRINT FULL NAME: Orion Otho Walker

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: July (Month) 2 (Day) 1877 (Year)

8. AGE: Years 71 | Months 4 | Days 8 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: farmer

11. Industry or business: ____

FATHER
12. Name: Geroge W. Walker
13. Birthplace: Ind. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Mitchell
15. Birthplace: Ind. / (City, town, or county) (State or foreign country)

16. (a) Informant: Gus Walker
(b) Address: Livonia, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof: 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Thompson Cem.

18. (a) Signature of funeral director: Hunter & Son
(b) Address: Unionville, Mo

19. (a) 11-26-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 9 year 1948 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 4, 1948, to Nov. 9, 1948; that I last saw him alive on Nov. 8, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | |
| Due to | |
| 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 2

23. Signature: L. W. McDonald (M. D. or other) D.O.

Address: Unionville, Mo. Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 11-48-295
Date Filed NOV 30 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 F O Hualed

Licensed Embalmer No. 2975

P. O. Address Unionville

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**