

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37776

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>1164</u>		PRIMARY REG. DIST. NO. <u>3032</u> Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>14 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		d. STREET ADDRESS (If rural, give location) <u>315 Broad St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 Broad St.</u>			d. STREET ADDRESS (If rural, give location) <u>315 Broad St.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>Logan</u>	
		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7 1871</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rural</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Carrier</u>	11. BIRTHPLACE (State or foreign country) <u>Eldon Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie B. Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fannie B. Walker</u>		ADDRESS <u>Warrensburg Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mutual dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>  <u>3 months</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 4, 1949</u> , to <u>Nov. 29, 1949</u> , that I last saw the deceased alive on <u>Nov. 28, 1949</u> , and that death occurred at <u>5:10A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. J. Harrison</u>		(Degree or title) <u>Md.</u>		23b. ADDRESS <u>Warrensburg Missouri</u>	23c. DATE SIGNED <u>11-29-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dayton Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 29, 1949</u>	REGISTRAR'S SIGNATURE <u>Sarannah</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips</u>	ADDRESS <u>Warrensburg Mo.</u>		

JAN 28 1950

RECEIVED  
DEC 7 1949  
JOHNSON COUNTY HEALTH DEPT.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.