

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2789

Registration District No. 420

Primary Registration District No. 5574

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jefferson **FIFTH FEB 9 2 1940**
(b) City or town Rural, Valle, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ////////
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 20 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route No. 2, DeSoto, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? //////// years.

3. (a) PRINT FULL NAME Lester E. Walker.

3. (b) If veteran, name war //////// 3. (c) Social Security No. ////

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct. 23 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 2 10 hr. min.

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

10. Usual occupation Motor Service Station 0

11. Industry or business 0

12. Name Troy Walker 0

13. Birthplace Perry Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Bequette.

15. Birthplace Festus Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant T.E. Walker

(b) Address RR #2 De Soto Mo

17. (a) burial (b) Date thereof Jan 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 2-1-40 (b) Jeneva Dornell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 18, 1940, to January 22 1940

that I last saw him alive on January 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Streptococcus infectans of throat with acute edema

Due to 1/20/40

Other conditions: Intestinal influenza 1/17/40

Major findings: None

Of autopsy: None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Lester E. Walker (M. D. or other) 1
Address DeSoto Mo Date signed 1/27/40

Duration 1/20/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

Registered Apprentice No. 3531

Signed [Signature]

Licensed Embalmer No. 3531

P. O. Address [Signature]

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, above space should be left blank.