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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5922

Registration District No. FILE MAR 851 1940 Primary Registration District No. 1001 Registrar's No. 122

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mitchel Ave
Died on Messanie St. Bus. at 27th & (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community ****** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits write "RURAL")
(d) Street No. 2313 Agency Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William Troy Walker
3. (b) If veteran, name war None.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vinnie Walker
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July (Month) 9th (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	23	hr. ____ min.

9. Birthplace Lynsville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Blacksmith and Horse Shoer
11. Industry or business City of St. Joseph, Mo.
FATHER 12. Name Calvin Walker
13. Birthplace Lynsville (City, town, or county) Iowa (State or foreign country)
MOTHER 14. Maiden name Nancy Watts
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Vinnie Walker
(b) Address 2313 Agency Road St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemt.
18. (a) Signature of funeral director Herman Wm. Siebenfacher
(b) Address 1802 Union Street, St. Joseph, Mo.
19. (a) Feb 5 1940 (Date received local registrar) (b) A. J. Seelbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1940 hour 7:45 minute 15 A. M.
21. I hereby certify that I attended the deceased from Feb, 2nd, 1940 to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.
I Viewed

Immediate cause of death Mitral insufficiency — Duration
Due to
Due to
Other conditions none (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)
85 While at work? (e) Means of injury
23. Signature B. W. Tadlock (M. D. or other) Coroner
Address King Hill Bldg. Date signed 2/2 40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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, above space should be left blank.