MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8435
Do not use this space.

1. PLACE OF DEATH
(a) County Texas — Registration District No. 868
(b) Township Sherrell — Primary Registration District No. 6149 — Registered No. 7
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andy J. Walker
(a) Residence, No. — St. — near Licking, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Skidmore Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11, 1890
7. AGE YEARS 50 MONTHS 2 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb, 1941
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg Mo

FATHER
13. NAME James Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fillmore Ill

MOTHER
15. MAIDEN NAME Martha Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Dalia Ill

17. INFORMANT (ADDRESS) Lara Lewis Licking Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Craddock Cem DATE 3-3-41
19. FUNERAL DIRECTOR (ADDRESS) Smith & Ferguson Licking Mo
20. FILED 3/2 1941 H. L. Reed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1941, to Mar 2, 1941
I last saw him alive on Mar 1, 1941. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia — Date of onset
Other contributory causes of importance: Flue & T B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Lisbet Randall, M. D.
(Address) Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Eubert E Ferguson, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Eubert E Ferguson

Licensed Embalmer No. 3945

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.)