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23159

REC'D APR 10 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
408 Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 yrs.
In this community 16 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 408 Lafayette St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME David A. 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 July 17 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>0</u>	hr. min.

9. Birthplace Springdale, Leavensworth, Ia.
(City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business -----

MOTHER FATHER

12. Name Sampson B. Walker

13. Birthplace Ia.
(City, town, or county) (State or foreign country)

14. Maiden name Lorana Corwin

15. Birthplace Kan.
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Walker

(b) Address Lansing, Kan.

17. (a) Removal (b) Date thereof 3/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah, St Joe, Mo.

18. (a) Signature of funeral director Buescher Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 3/18/41 (b) D. B. Joseph, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1941 hour ----- minute 7:45 A.M.

21. I hereby certify that I attended the deceased from Mar 9, 1941, to Mar 17, 1941; that I last saw him alive on Mar 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease

Due to Don't know

Due to He had a haemorrhage from his nose - hemophiles

Other conditions (Include pregnancy within 3 months of death) -----

Major findings: Of operations -----

Of autopsy -----

Duration

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? -----

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

23. Signature Gas A. Hall (M. D. or other) MD

Address Jefferson City MO Date signed 3/18/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Victor Buescher

Licensed Embalmer No. **3701**

P. O. Address **Jefferson City, 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.