

FILED OCT 27 1941

Registration District No. 308

Primary Registration District No. 3026

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(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 _____
In this community 12 yrs / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1024 Broadway
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James 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 Married
6. (b) Name of husband or wife Luey Walker 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: May 5 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Walt (City, town, or county) mo. (State or foreign country)

10. Usual occupation Section Foreman R.R.

11. Industry or business _____

MOTHER FATHER { 12. Name James F. Walker
13. Birthplace Walter (City, town, or county) Ill. (State or foreign country)
14. Maiden name Mary E. Nicholson
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Ivan Walker

(b) Address 5341 Boncroft, St. Louis, Mo.

17. (a) Burial (b) Date thereof 9/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood, Mo.

18. (a) Signature of funeral director James D. Gordon

(b) Address Chillicothe Mo.

19. (a) Sept 15 (b) LOU ELLA CURRY
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 2
1935 to Aug 12 1941
that I last saw him alive on Aug 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Anginal Pectoris

Due to _____

Due to _____

Other conditions g4a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (a) Means of injury _____

23. Signature J. M. Dowell (M. D. or other) 0
Address Chillicothe Mo Date signed 9/13/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

59
1
2

DEC 19 1946

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

James D Gordon

Licensed Embalmer No. *1870*

P. O. Address *Lehillicoche M.*

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.