

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

JAN 24 1942

1003

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 9606

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clinton**
 (c) City or town **Lathrop**
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Fred L. Walker**
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **3**
 year **1941** hour **10** minute **45** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single widowed, married, divorced **Single**
 6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

7. Birth date of deceased **May 23 1908**
(Month) (Day) (Year)

Interascal Hemorrhage. General Peritonitis following gunshot wound of right lung & liver and stomach - front gun in the hands of one George Alvin King Aided and Abated By one Norman Votow, about 11:30 am Dec 2, 1941 on U.S. Highway #25, about 1/2 miles North of Bloomstate Mo

8. AGE: Years **33** Months **6** Days **10** If less than one day hr. min.

9. Birthplace **Clinton Co. Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **State Trooper**
 11. Industry or business **Missouri State Highway**

Other conditions.....
(Include procedure within 3 months of death)
 Of operations.....
 Of autopsy.....

12. Name **James O. Walker**
 13. Birthplace **Clinton Co. Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Lenna Hatchings**
 15. Birthplace **Caldwell Co. Missouri**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Homicide**
 (b) Date of occurrence **Dec 2 - 1941**
 (c) Where did injury occur **4 miles North of Old Madal, Mo**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

16. (a) Informant **Bud Walker**
 (b) Address **Lathrop, Mo.**
 17. (a) **Removal** (b) Date thereof **12-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lathrop, Mo.**
 18. (a) Signature of funeral director **Albert H. Hoppe**
 (b) Address **4700 Washington Ave.**
 19. (a) **DEC 3 1941** (b) **J. F. Brudiek**
(Date received local registration) (Registrar's signature)

23. Signature **W. D. Perry** (M. D. or other)
 Address **Lathrop, Mo.** Date signed **12/3/41**

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..... *G. W. Wilkerson*

Licensed Embalmer No..... *3575*

* P. O. Address.....

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.