

FILED MAR 8 1943

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 217

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, RURAL, St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Hospital, No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Yr. 6 Mo 22 Das  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter Co  
(c) City or town Van Buren  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN WALKER

3. (b) If veteran, Unknown name war \_\_\_\_\_  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or Face White  
6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Magarette Henn  
6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased 3 28 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Livingston Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business None

12. Name Thomas Walker

13. Birthplace Livingston Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 13 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Charles Richardson

(b) Address Farmington, Missouri

19. (a) Feb 16, 1943 (b) Byrdie Bohmester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 11 1942 to February 11 1943; that I last saw him alive on February 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis Duration 4 yrs.

Due to Senile Psychosis 4 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 6

23. Signed Dr. P. Schindler M.D. (M. D. or other) \_\_\_\_\_  
State Hosp. Farmington, Mo. Date signed 2-11-43

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

MOTHER FATHER

1196

RECEIVED

District Health Officer No. 4

District File Number 343-183

Date Filed 3-5-43

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 *Chas Richardson*

Licensed Embalmer No. 3167

P. O. Address *Frangton 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.