V. S. No. 2
00M—2-42
Rev. 5-17-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28904

State File No.

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 79

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL NEOSHO TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BAXTER 1 ST. ROAD
(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 KANSAS (b) County JOHNSON 999
(c) City or town OLATHA 14
(If outside city or town limits, write "RURAL")
(d) Street No. 322 E. PARK 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME PERCY LYNN WALKER
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE WALKER
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased SEPT. (Month) 28 (Day) 1860 (Year)

8. AGE: Years 82 Months 8 Days 21 If less than one day hr. min.

9. Birthplace PEORIA (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business
FATHER
12. Name JULIAS WALKER
13. Birthplace COVEINGTON (City, town, or county) PENN. (State or foreign country)
MOTHER
14. Maiden name SUSAN GREEN
15. Birthplace WARREN (City, town, or county) RHODE IS (State or foreign country)
16. (a) Informant Mrs Nellie Walker
(b) Address Neosho, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation OLATHA, KANSAS
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo
19. (a) 8-19-1943 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 19 year 1943 hour 10 minute 30 a.M.
21. I hereby certify that I attended the deceased from Aug 14, 1943 to Aug 19, 1943 that I last saw him alive on Aug 18th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 days

Due to Arterio-sclerosis Chronic Interstitial Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

13 a

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Melvin C. Bowman (M. D. or other) MD
Address Neosho, Mo Date signed Aug 19 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 843-165
District File Number 8-24-43
Date Filed

8-24-43

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 Corey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.