

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31344

State File No.

Registrar's No. 43

OCT 2 - 1943

Registration District No. 50

Primary Registration District No. 5176

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Stoutland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Frisco R. R. Senior Station
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Homer A Walker3. (b) If veteran, name war None 3. (c) Social Security No. 702-03-58234. Sex male 5. Color or face White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Hattie 6. (c) Age of 53 or wife if alive 19 years (Month) (Day) (Year)7. Birth date of deceased July 19 18878. AGE: Years 56 Months 1 Days 28 If less than one day hr. min.9. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)10. Usual occupation RR Conductor11. Industry or business RR Conductor12. Name James W Walker13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)14. Maiden name Mary A Foster15. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)16. (a) Informant Jack Ringle(b) Address Removal17. (a) (Burial, cremation, or removal) Removal (b) Date thereof Sep 17 - 43
(Month) (Day) (Year)(c) Place: burial or cremation Springfield, Missouri18. (a) Signature of funeral director W. H. King, Co.(b) Address Springfield, Missouri19. (a) Sep 29 - 43 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Green
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1927 W. Missouri
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mouth Sep day 17
23 yr. 1943 hour 9 minute 20 P M.21. I hereby certify that I attended the deceased 11 pm
Sep 17 1943 to 11 pm, 1943
that I last saw h. 11 pm alive on 11 pm, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Natural CausesDue to Coronary ThrombosisDue to (see dead)Other conditions 940
(Include pregnancy within 3 months of death)Major findings: 940
Of operationsOf autopsy None

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 Albo Woolery, RegistrarAddress Camden Date signed Sep 17/43

OCT 4 1943

RECEIVED

District Health Officer No. 7,

District File Number

9-43-948

Date filed

10-1-43

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

Ogle Stone Jr.

Licensed Embalmer No.

4176

P. O. Address

Springfield

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.