

FILED MAY 11 1944

Registration District No. 70

Primary Registration District No. 4159

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Daviness
(b) City or town Pattonsburg
(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 _____ (Specify whether

In this community Entire life years, months or days)

3. (a) PRINT FULL NAME

Colmore 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 widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased. July 15 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER

12. Name E. Z. Walker

13. Birthplace Wis. (City, town, or county) (State or foreign country)

14. Maiden name Louisa Ferguson

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

16. (a) Informant Mrs. Essie Gay
(b) Address 2315 Aloma, Wichita, Kas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31-44 (Month) (Day) (Year)

(c) Place: burial or cremation 1000 Cemetery

18. (a) Signature of funeral director E. Schoner

(b) Address Pattonsburg Mo

19. (a) 4-6-1944 (Date received local registrar) (b) L. O. Siskness (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviness
(c) City or town Pattonsburg 31
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 11-23-43 to 3-29-44, 19____; that I last saw him alive on 3-29, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
Coronary arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

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 _____

23. Signature L. O. Siskness (M. D. or other) Do
Address Pattonsburg Mo Date signed 3-4-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1084

(Licensed Embalmer's Statement on Reverse Side)

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 *A. S. Brown*.....

Licensed Embalmer No. 2837.....

P. O. Address Patonsburg 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.