DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28073

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 397

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ days (Specify whether

In this community 2½ days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Benton 999

(c) City or town Siloam Springs (If outside city or town limits, write "RURAL")

(d) Street No. 3 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country 2

3. (a) PRINT FULL NAME Callie Charles Walker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Walker

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased November 16, 1910 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	8	25	hr. min.

9. Birthplace Siloam Springs, Arkansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation stock buyer

11. Industry or business

FATHER
12. Name Mart Walker
13. Birthplace Arkansas 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mable McCarm
15. Birthplace Rogers, Arkansas 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Walker

(b) Address Siloam Springs, Arkansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark.

18. (a) Signature of funeral director Wasson Funeral Home

(b) Address Siloam Springs, Arkansas

19. (a) 8-15-44 (Date received local registrar) (b) Gertrude Sudhuelter (Registrar's signature)

1264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from August 9th, 1944, to August 10th, 1944 that I last saw him alive on August 10th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Myocarditis

Due to Empyemia Rt Chest

Due to Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Tapped lungs to drain off thick yellow

Of autopsy Dus.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

23. Signature E Ernest Johnson Jr M.D. (M. D. or other)

Address 617 Frisco Date signed 8/12/44

(Licensed Embalmer's Statement on Reverse Side)

448-668

DEC 1 1948

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 Steve Parker

Licensed Embalmer No. 25188

P. O. Address Joplin 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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 397

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Callie C. Walker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 16 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 9 day 10 year 1944 hour minute M.

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

Immediate cause of death Toxic Myocarditis (Duration)

Due to Empyema Rt Chest

Due to Pneumonia - Bronchial

Pneumonia 707

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Tapped lung to drain off thick yellow pus
Of autopsy

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

23. Signature Elmer [illegible] (M. D. or other)

Address 617 [illegible] Date signed 8/31/44

SUPPLEMENTARY

28073