

FILED JAN 1 1945
Registration District No. **72**

Primary Registration District No. **1000**

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

7. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 65 years

3. (a) PRINT FULL NAME DANIEL M. WALKER
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Bertha Walker
 6. (c) Age of husband or wife if alive 8 years
 7. Birth date of deceased Dec. 8 1966
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 14
 If less than one day hr. min.

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

10. Usual occupation retired engineer

11. Industry or business Santa Fe Railroad

MOTHER FATHER {
 12. Name James J. Walker
 13. Birthplace Unknown, Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Magdalena Wilt
 15. Birthplace Unknown, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd A. Walker
 (b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 12/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director B. L. ...
 (b) Address 319 So. 10th Street

19. (a) 12/26/44 (b) John ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 301 So. 9th
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
 year 1944 hour 7 minute 50P M.

21. I hereby certify that I attended the deceased from July 1941 1941 to 12.22.44 1944;
 that I last saw him alive on 12.22.44 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Left cerebral artery thrombosis
 Duration 5 days

Due to arteriosclerosis Duration 10 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations
 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?

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

23. Signature J. H. Ryan (M. D. or other)
 Address St. Joseph, Mo. Date signed 12.26.44

Dr. J. H. Ryan
301 No. 18th

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: Frank A. Burman
Licensed Embalmer No. 1710
P. O. Address St Joseph 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.