S. No. 2
M—5-43
. 5-17-39
I X36671

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. 13465

FILED APR 25 1945

Registration District No. 25 1945

Primary Registration District No. 2000

Registrar's No. 272

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Charley H. Walker

3. (b) If veteran, name war none

3. (c) Social Security No. 493-169-313

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 2, 1891 (Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation carpenter

11. Industry or business

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

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

16. (a) Informant Mrs. Edith Walker
(b) Address Billings, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 4, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill cem.

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo.

19. (a) 4-3-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1945 hour 5 minute 25 P M.

21. I hereby certify that I attended the deceased from March 21, 1945, to April 1, 1945, that I last saw him alive on 4/1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 wks.
Due to	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	not known

Major findings:
Of operations
Of autopsy 6

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 Guy D Callaway (M. D. or other) MD
Address Springfield, Mo Date signed 4/1/45

(Licensed Embalmer's Statement on Reverse Side)

994

APR 30 1945

APR 30 1956

MAY 19 1949

OCT 22 1951

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever - 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.