

FILED APR 30 1946

Primary Registration District No. 10154

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Stoddard  
(b) City or town Coaly Route / Oakland  
(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 2 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100  
(c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL") 2  
(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 JOHN WALKER

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 14  
year 1946 hour 9 minute A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day hr. 7 min.

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

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

12. Name Henry Hunt

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Henry Hunt

(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof 4-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Mullin's Mo

18. (a) Signature of funeral director Guyler James

(b) Address Sikeston, Mo.

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

Immediate cause of death Investigation shows organic heart disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other Conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations 950

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Neither  
(b) Date of occurrence April 14, 1946  
(c) Where did it occur? at home of another  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? No (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature Dexter, Mo. (M.D. or other) Common  
Address Dexter, Mo. Date signed April 15, 1946

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

MOTHER FATHER

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**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 *W. E. Brody* .....

Licensed Embalmer No. *4399* .....

P. O. Address *Poplar Bluff* .....

**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.**