

FILED DEC 19 1946

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Morgan  
 (b) City or town Versailles "Rural" Mo. Remu  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6 mi. N.E. Versailles  
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
 (c) City or town Versailles Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6 mi. N.E. Versailles  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Gilbert M. Walker

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Leora D. Walker  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Sept. 20 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	3	12	hr. min.

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

10. Usual occupation Retired Carpenter

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

MOTHER FATHER  
 12. Name Hiram Walker  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Leora D. Walker  
 (b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Dec. 4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hopwell Cemetery

18. (a) Signature of funeral director H. F. Knull  
 (b) Address Versailles, Missouri

19. (a) 12-9-46 (b) J. H. Wash  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 st  
 year 1946 hour 9 minute 20 PM.  
 21. I hereby certify that I attended the deceased from November 16 to Dec 1, 1946  
 that I last saw him alive about Sept 1, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease and senility  
 Duration 50 to 60 years

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 950  
 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 11

23. Signature W. J. Gannon (M. D. or other)  
 Address Versailles Mo Date signed 12-7-46

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

RECEIVED  
District Health Officer No. 71  
District of Columbia  
Date Filed 12-15-46

**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. F. Keenell*  
Licensed Embalmer No. 1596  
P. O. Address *Keenell No*

**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.**