

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947
Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41599
Registrar's No. 475
Primary Registration District No. 5922

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Beaman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Beaman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 years in Beaman (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Beaman
(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 Luther Martin Walker
(b) If veteran, name war none
(c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Thomas Walker
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 1, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 16
If less than one day hr. min.

9. Birthplace Lowry City, St. Clair County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer retired

11. Industry or business Agriculture

MOTHER FATHER {
12. Name Jerimiah Walker
13. Birthplace St. Clair County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Jane Lee
15. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Walker (wife)
(b) Address Beaman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/46
(Month) (Day) (Year)
(c) Place: burial or cremation Olive Branch Cemetery

18. (a) Signature of funeral director Maure Ewing
(b) Address Sedalia, Mo.

19. (a) 12/19/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature)
251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1946 hour 3:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 16, 1946 to Dec 17, 1946
that I last saw him alive on Dec 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 63A

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 Alfred G. Moore, MD (M. D. or other)
Address 111 W 4 St. Sedalia Date signed 12-18-46

Duration 26 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-30-76

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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...