

Registration District No. **322**

Primary Registration District No. **3071**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Saline**
Slater

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

(c) Name of hospital or institution: **none** ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
all his life

In this community **all his life**
years, months or days _____

3. (a) PRINT FULL-NAME **George Hinton Walker**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male**

5. Color or race **white**

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: **October 24 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	29	_____ hr. _____ min.

9. Birthplace: **Saline County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired R.R. Clerk**

MOTHER FATHER

12. Name: **Thos. H. Walker**

13. Birthplace: **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ann M. Bennett**

15. Birthplace: **Grundy Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Russell Wade**

(b) Address: **Slater, Mo.**

17. (a): **Burial** (Burial, cremation, or removal)

(b) Date thereof: **3-25-'47**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Slater, Mo.**

18. (a) Signature of funeral director: **Hill Brothers**
Slater, Mo.

(b) Address: _____

19. (a) April 3, 1947 (b) **Mrs. Earl C. Metz**
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline** **97**

(c) City or town **Slater**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. _____ (If rural, give location) **1**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23rd**
year **1947** hour **9** minute **3** A. M.

21. I hereby certify that I attended the deceased from **1945** to **March 23, 1947**
that I last saw him alive on **March 23, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of stomach 1945**

Due to: **Diagnosis conference at Ellis Fischel State Cancer Hospital.**

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations: **2/6**

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 **6**

23. Signature: **M.C. Higgins M.D.** (M. D. or other) _____
Address: **Slater Mo** Date signed **3/27/47**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-17-47

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 Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.