S. No. 2-
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31614

Registration District No. 152 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 933 Murphy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Walter Walker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced W. D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	7	22	hr. min.

9. Birthplace Columbus, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Insulation
11. Industry or business Eagle-Picher

FATHER
12. Name no record
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Watson
(b) Address Springfield, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbus, Kansas
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 8-30-47 (Date received local registrar) (b) Delores Hemphing (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1947 hour 10 minute 00 P. M.
21. I hereby certify that I attended the deceased from 8/16/47, 19..., to 8/29/47, 19...; that I last saw her alive on 8/29/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia due to acute glomerio nephritis	
Due to Myocardial exhaustion	
Due to toxemia of carcinoma of stomach	
Other conditions generalized carcimomatosis of liver, pancreas and messentary (Include pregnancy within 3 months of death)	

Major findings:
Of operations generalized carcinomatosis gastro enterostomy done
Of autopsy

PHYSICIAN — Underline the cause of 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 E. Ernest Johnson M.D.
Address 617 Frisco Joplin, Mo Date signed 8/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

H7-8-752

SEP 26 194

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.