S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37514

Registration District No. 88 — Primary Registration District No. 4141 — Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Cole Co

(b) City or town: Centertown, Mo — Marion
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Centertown, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 31 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole 26

(c) City or town: Centertown, Mo 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Centertown, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Alois Walker

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alice Walker

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: Nov (Month) 6 (Day) 1865 (Year)

8. AGE: Years 82 | Months 0 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: 5 Berns Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Merchant

11. Industry or business:

FATHER
12. Name: UnKnown
13. Birthplace: UnKnown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: UnKnown
15. Birthplace: UnKnown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: [illegible]
(b) Address: Centertown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov.13.1947 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemt. California

18. (a) Signature of funeral director: Bowlin Funeral Home
(b) Address: Californ ia, Mo

19. (a) Nov. 13 (Date received local registrar) (b) Mrs. Minnie Hittenmeyer (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1947 hour 10/10 minute A.M.

21. I hereby certify that I attended the deceased from Nov 1944, 19..., to Nov 11, 1947
that I last saw him alive on Nov 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	7 days
Due to: [illegible]	
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83 [illegible]
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 0

23. Signature: [illegible] (M.D. or other)

Address: Centertown Date signed 11/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number NOV 19 1947
Date Filed

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 me Registered Apprentice No. , working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California 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.