

S. No. 2  
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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8514**  
Registrar's No. **9**

Registration District No. **138** Primary Registration District No. **4219**

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

1. PLACE OF DEATH:  
(a) County **Hickory**  
(b) City or town **Weaubleau, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry Curtis Walker**  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Isabel** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **May 30 1856**  
(Month) (Day) (Year)

8. AGE: Years **91** Months **9** Days **8** If less than one day hr. min.

9. Birthplace **Rochester N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **Retired**

12. Name **unknown Walker**

13. Birthplace **unknown Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Isabel Walker**  
(b) Address **Weaubleau, Mo**

17. (a) **Burial** (b) Date thereof **Mar. 15-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Robinson Cemetery**

18. (a) Signature of funeral director **E. H. Henson**  
(b) Address **Summersville, Mo**  
19. (a) **March 14-48** (b) **W. P. Hargiss**  
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Hickory**  
(c) City or town **Weaubleau**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Mar** day **8**  
year **1948** hour **3** minute **30** A. M.  
21. I hereby certify that I attended the deceased from **1948** to **March 8 1948**  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Essential Hypertension**  
Due to **Vascular meningial Syphilis** years  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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 **2**  
23. Signature **H. R. Easton** (M. D. or other) **MD**  
Address **Weaubleau, Mo** Date signed **March 9 1948**

RECEIVED

District Health Officer No. 7,

District File Number 2-48-232

Date Filed 3-15-48

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.....

*Wm. H. Northrup*

....., Registered Apprentice No. not issued yet

working under my personal supervision.

Signed.....

*E. H. Primm*

Licensed Embalmer No. 4282

P. O. Address Sumnerville, 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.