

FILED JUN 21 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18982

Registration District No. 75

Primary Registration District No. 5299

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town LATHROP (RURAL)
(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 _____ (Specify whether)
In this community LIFETIME years, months or days

8. (a) PRINT FULL NAME JAMES OLIVER WALKER

8. (b) If veteran, name war _____ } 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife BEULAH WALKER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4 1874
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 4 If less than one day _____ min.

9. Birthplace Clinton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name JOHN W. WALKER

13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name INDIANA SWEAT

15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Harold L. Walker

(b) Address LATHROP MO

17. (a) Burial (b) Date thereof 6-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Lathrop

18. (a) Signature of funeral director DOMOSS CRUNK

(b) Address Cameron MO

19. (a) June 12, 1948 (b) Wmfred W. Moser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CLINTON
(c) City or town LATHROP (RURAL)
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 1942 to June 8, 1948
that I last saw him alive on June 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion Duration 15 min.

Due to Generalized Arteriosclerosis?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____

23. Signature C. B. Swann (M. D. or other) _____

Address Cameron, Mo. Date signed 6-10-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

John W. Clark

Licensed Embalmer No. *2533*

P. O. Address..... *Cameron, 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, above space should be left blank.