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17-39  
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FILED NOV 9 1948  
Registration District No. 197

Primary Registration District No. 2023

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution General Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 wk  
(Specify whether years, months or days) 40 years

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry <sup>43</sup>

(c) City or town Clinton <sup>3</sup>  
(If outside city or town limits, write "RURAL") Rural

(d) Street No. Bethlehams <sup>1 up</sup>  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELERY, W. WALKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4  
year 1948 hour 3 minute 15 A.M.

4. Sex M

5. Color or race W

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 11 - 20 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 8, 1948, to Nov. 4, 1948  
that I last saw him alive on November 3, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54 11 14 hr. min.

Immediate cause of death Hemiplegia, left Duration 2 days

Due to Cerebral hemorrhage 7 day

9. Birthplace Amasa, Neb.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Due to Chronic Cardiac - renal disease with hypertension 1 year

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Lu Walker

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

14. Maiden name Alice Ashbaugh

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

Major findings: Of operations No <sup>3/10</sup>

Of autopsy No

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lloyd Walker

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cme

18. (a) Signature of funeral director W. S. Busch

(b) Address Clinton Mo

19. (a) 11-5-48 (b) R. R. Kerney  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? No

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature S. B. Uehling (M. D. or other) M.D.  
Address Clinton, Mo Date signed 11/5/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No  
District File Number 510-48  
Date Filed 11-8-80

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 Eugene R. Consalus, Registered Apprentice No. 281 working under my personal supervision.

Signed R. R. Kenney  
Licensed Embalmer No. 3099  
P. O. Address Clinton 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.