

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36735

BIRTH NO.		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 5326		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY <i>Crawford</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Crawford</i>			
b. CITY OR TOWN <i>Rural Meramec</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Steelville</i>		70	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print)			a. (First) <i>Charles</i>	b. (Middle) <i>Oscar</i>	c. (Last) <i>Walker</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>10 5 1949</i>	
5. SEX <i>MO</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>2-5-1901</i>	9. AGE (In years last birthday) <i>48</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>General Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Chicago Ills. 1</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Dand no</i>			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <i>Bessie Walker</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Un Known</i>			16. SOCIAL SECURITY NO. <i>354-12-0500</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Bessie Walker 679 Milwaukee St Chicago</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Perniciosa Anemia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				<i>2900</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>OCT 3, 1949</i> , to <i>OCT 5, 1949</i> , that I last saw the deceased alive on <i>OCT 3, 1949</i> , and that death occurred at <i>11:30 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. G. Parker M.D.</i>				23b. ADDRESS <i>Steelville MO</i>		23c. DATE SIGNED <i>OCT 6/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <i>Steelville Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>City of Steelville MO</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>11-28-49</i>		REGISTRAR'S SIGNATURE <i>R. G. Parker</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>L. J. Jones & Son</i>		ADDRESS <i>Steelville MO</i>	

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10-4828
0
0B
1

RECEIVED 12/1/49
District Health Officer No. 5,
District File Number 1249750
Date Filed 12/2/49

DEC 6 1949

DEC 13 1949

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 Henry M. Jones
Embalmed Student Embalmer No. _____

working under my personal supervision.

Signed Henry M. Jones
Licensed Embalmer No. 7429

Signed _____
Student Embalmer

P. O. Address St. Charles, 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.