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7-5-17-39
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11875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1944
Registration District No. 2798

Primary Registration District No. 6019

Registrar's No. 10

1. PLACE OF DEATH

(a) County Ray

(b) City or town Camden (Crutch Road)

(c) Name of hospital or institution: none

(d) Length of stay: In hospital or institution no

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) County Ray

(b) City or town Camden Mo

(c) Street No. _____

(d) Citizen of foreign country? no

If yes, name country no

3. (a) PRINT FULL NAME Victor WALKER

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23 year 1944 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from March 22/44 1944 to March 28 1944

that I last saw him alive on 3/22/44 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, widower Divorced widower

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 12 5 1990

(Month) (Day) (Year)

Immediate cause of death Acute Coronary -

Due to Arteriosclerosis -

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

63 3 15 hr. min.

9. Birthplace Camden Ray Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name Thomas Walker

13. Birthplace Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know

(City, town, or county) (State or foreign country)

16. (a) Informant Lorona Walker

(b) Address Camden

17. (a) Burial (b) Date thereof 3-25-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Bur. Ray Co

18. (a) Signature of funeral director C.P. Gibson

(b) Address Crutch Mo.

19. (a) 3/27/44 (b) Dr. G. F. Simmons

(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) _____

(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)

Means of injury 2

23. Signature Gifford J. Seaman (M.D. or other) Dr.

Address Crutch Mo Date signed 3/27/44

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

79
000

1228

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8¹⁰

District File Number

Date Filed

4-12-44

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

C. V. Gibson

Licensed Embalmer No.

2299

P. O. Address

Orick 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.