

FILED JUN 2 1948

Registration District No.

Primary Registration District No. 5180

Registrar's No. 42

16
0
0
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Friedheim *Amal of place*

(c) Name of hospital or institution:
Friedheim, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Fruitland 16
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Charles 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 Divorced

6. (b) Name of husband or wife Elizabeth Heuschober

6. (c) Age of husband or wife if alive 2-11 years

7. Birth date of deceased January 10 1879
(Month) (Day) (Year)

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

69 4 10 hr. min.

9. Birthplace Neelys Landing Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Elec Walker

{ 13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth E. Anderson

{ 15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Walker

(b) Address Rockford, Illinois

17. (a) Burial (b) Date thereof 5-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemt.

18. (a) Signature of funeral director R. D. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 5-24-48 (b) D. E. Huber
(Date received local registrar) (Registrar's signature) 1/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from April 1948 to May 19 1948
that I last saw him alive on MAY 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the throat

Duration

Due to

Due to

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

Major findings: 115

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(4) Means of injury 0

23. Signature R. D. Blaylock (M. D. or other) MD

Address Oak Ridge, Mo. Date signed 5-22-48

RECEIVED

District Health Officer No. Y

District File Number 648-700

Date Filed 6-4-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Harold B. Haman*

Licensed Embalmer No. 4122

P.O. Address. Cape Girardeau, Missouri

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.