

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21392

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 650  
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Benjamin Walker  
(a) Residence, No. 3402 Mitchell Ave., St. Joseph, Mo. St. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Karnes Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) Berlin  
(STATE OR COUNTRY) Pennsylvania

13. NAME James B. Walker, Sr.

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Annie F. Kimmel

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. Martha Karnes Walker  
(ADDRESS) 3402 Mitchell Ave., St. Joseph

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Mora Cemetery DATE June 28, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer  
(ADDRESS) 1302 Farror, St. Joseph

20. FILED 6/24/38 A. S. Kerschbaum  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938, to June 22, 1938

I last saw alive on June 22, 1938. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Arthritis - chronic of L. knee 1918

Other contributory causes of importance:

Embolism - Pulmonary 6/27/38

Name of operation Amputation of L. leg Date 6/21/38

What test confirmed diagnosis? Op. & histology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) G. T. Bloomer, M. D.

(Address) 1218 N. 3d St.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. Mo 3946

herèby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo 3946

**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.)**