

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2332**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lyle Stephenson Ins
118 East 10th Street Co.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs
In this community 426
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Newberh Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mr. Harry Bruce Walker

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. Na

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Elizabeth Walker 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 26 hr. min.

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

10. Usual occupation Lawyer and

11. Industry or business Homes Builder

MOTHER FATHER { 12. Name Bruce Walker

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

14. Maiden name Mary Appleman

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

16. (a) Informant Mrs. Etha Russell

(b) Address 6621 Tracy

17. (a) Burial (b) Date thereof June 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Topeka Cemetery Topeka, Kansas

18. (a) Signature of funeral director D. H. Newsamer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) June 6, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1940 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw the deceased at his home and that death occurred on the date and hour stated above.

Immediate cause of death Artery Occlusion Duration 4 1/2 hrs

Other conditions Crown Arteriosclerosis

Due to Artery Occlusion

Due to Artery Occlusion

Other conditions Artery Occlusion

(Include pregnancy within 3 months of death)

Major findings: 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? (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) (e) Means of injury

23. Signature Russell (M. D. or other)

Address 6621 Tracy Date signed

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Kenneth Page Sipe

Licensed Embalmer No. *4128*

P. O. Address *1309 Brush Creek Blvd*

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, above space should be left blank.