

3-40
-39
K23159

Registration District No. **399**

Primary Registration District No. **1002**

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:
4601 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **Life**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Olivia Walker**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female**, race **White**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **April 15 1853**
(Month) (Day) (Year)

8. AGE: Years **87**, Months **5**, Days **3**
If less than one day: _____ hr. _____ min.

9. Birthplace **Bloomfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business: _____

12. Name **George Watson**

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

14. Maiden name **Hannah Waddell**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Y. Rude**
(b) Address **4601 Wabash**

17. (a) **Burial** (b) Date thereof **Sept. 20, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walden Forest Hill Cemetery**

18. (a) Signature of funeral director **D. H. Spencer, Son**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-19-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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. **4601 Wabash Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.**, day **18th**
year **1940**, hour **12**, minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Sept 13**, 19**40**, to **Sept 18**, 19**40**
that I last saw her alive on **Sept 17**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration _____

Due to **High Blood Pressure**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **82a**

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 **L. L. Hardy** (M. D. or other)
Address **4601 Wabash** Date signed **9/18-40**

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

MOTHER FATHER

2-5-

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: *N. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address: *N. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.