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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41218

State File No.

4611

FILED JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson, 2

(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3433 Holmes St.,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.  
(Specify whether years, months or days) 4 years.

3. (a) PRINT FULL NAME Dr. Frank P. Walker,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mrs. Ethel Walker,

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

7. Birth date of deceased March 17th, 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>8</u>	<u>16</u>	hr. min.

9. Birthplace Missouri, 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Osteopath, 1

11. Industry or business X

MOTHER FATHER {

12. Name John G. Walker, 1

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

14. Maiden name Hannah Denney,

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

16. (a) Informant Mrs. Ethel Walker,

(b) Address 117 South Van Brunt, Kansas City, Mo.

17. (a) Removal, (b) Date thereof 12-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-3-40 (b) M. M. Crowe  
(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. 3433 Holmes Street,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd,  
year 1940, hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1st  
1940, to Dec 2, 1940  
that I last saw him alive on Dec 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis with dilatation  
Duration 10 hrs.

Due to Coronary sclerosis et myocarditis. 3 yrs.

Due to 92A

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_

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? 3 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Melvin Joseph Schubert (M. D. or other) D.D.

Address 411 Bladell Ave Blvd Date signed 12-3-40

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

OCT 15 1941

Dr.

**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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**