

No. 2
4-12-40
-17-39
I X23159

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2860

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County. JACKSON
(b) City or town. Independence
(c) Name of hospital or institution: 406-E PACIFIC ST
(d) Length of stay: In hospital or institution.
In this community. UNKNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State. MO. (b) County. JACKSON
(c) City or town. INDEPENDENCE
(d) Street No. 406-E-PACIFIC
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME. Ollie Walker
(b) If veteran, name war. Yes
(c) Social Security No. UNKNOWN

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 7th year 1941 hour 5:10 minute 0-31-M.

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. Nellie Walker
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased JULY 17; 1892

21. I hereby certify that I attended the deceased from Feb 6 to Feb 7 1941
that I last saw h. alive on Feb 7 1941
and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy

8. AGE: Years 48 Months 6 Days 20
If less than one day hr. min.

Due to Cerebral Thrombosis

9. Birthplace Wellington MO.
10. Usual occupation W.P.A. LABORER

Other conditions (Include pregnancy within 3 months of death) 52 W

11. Industry or business
12. Name UNKNOWN
13. Birthplace UNKNOWN
14. Maiden name HARRIET TAYLOR
15. Birthplace UNKNOWN MO.

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant. Nellie Walker
(b) Address 406-E. PACIFIC
17. (a) BURIAL (b) Date thereof Feb 9, 1941
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director G. E. Davis
(b) Address 312-E LEXINGTON-ST.
19. (a) Feb 8 40 (b) J. S. Cook M.D.

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?
360
While at work? (Specify type of place) (e) Means of injury
23. Signature J. S. H. Griffin (M. D. or other)
Address Jasper Mo. Date signed 2-8-41

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

Clayton C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Independence,*

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.