. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17461

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2123

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. Mo Kaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3325 Tracy 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. (If outside city or town limits write "RURAL")

(d) Street No. 3325 Tracy ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nellie R. Walker

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife Oral Walker

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

7. Birth date of deceased 6 (Month) - 5 (Day) - 1869 (Year)

8. AGE: Years 71 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name A. A. Lathrop
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Murdock
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Oral Walker

(b) Address 3325 Tracy

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kans

18. (a) Signature of funeral director Stine McClure

(b) Address K. C. Mo

19. (a) May 30 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29 year 1941 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 22, 1941, to May 29, 1941 that I last saw her alive on May 28-1, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension 8 20

Due to arteriosclerosis 8 20

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

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? 361 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Hugh A. Gustring (M. D. or other)

Address 303 Wurthman Bldg Date signed 5-30-41

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Reny

Licensed Embalmer No. 4127

P. O. Address K. C. Mo

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

If this body is not embalmed, above space should be left blank.