

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37538

State File No.

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4333

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution St. Joseph Hospital,  
(d) Length of stay: In hospital or institution 5 days,  
In this community 15 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County Johnson,  
(c) City or town Kansas City, Mo.,  
(d) Street No. 7921 High Drive,  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th  
year 1941 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10  
1941, to Nov 20 1941  
that I last saw her alive on Nov 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Virus Bonaheal Pneumonia  
(Bilateral)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

23. Signature Thomas R. Kerner  
Address 214 W. ... Date signed 11/21/41

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

3. (a) PRINT FULL NAME Mrs. Betty Grace Walker,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

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

6. (b) Name of husband or wife A. Joseph Walker, 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 30 1908  
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Rollie Rogers,

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

14. Maiden name Unknown,

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

16. (a) Informant A. Joseph Walker,

(b) Address 7921 High Drive, K. C., Kansas,

17. (a) Burial (b) Date thereof 11-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

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

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

19. (a) 11-23-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

Dr. T. A. Kyner, Je-0847

ME 3620

Witherston Body

J. P. M.

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 E. M. Planch

Licensed Embalmer No. 1848

P. O. Address W. C. Mo

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.