

FILED APR 25 1942

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 4986

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: 440 1/2 W 9th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 45 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")

(d) Street No. 440 1/2 W 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME ROSIE WALKER

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ day 3-28-42
year _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9:43 P., 19____, to _____, 19____;
that he was alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Chas. Walker 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Nov. 23 1866
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction

Due to Rupture of the aorta

Due to Acute aortitis & aneurysm of the aorta

Other conditions _____

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

Major findings:
Of operations _____

Of autopsy 308

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James A. Gourley

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

14. Maiden name Mary Connett

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

16. (a) Informant's own signature Chas Walker

(b) Address 440 1/2 W 9th

17. (a) Burial (b) Date thereof 4/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Rose Bldg

18. (a) Signature of funeral director John S. Rogers

(b) Address KCMO

19. (a) 4-1-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Walter A. Butler (M. D. or other) _____

Address K. C. Mo. Date signed _____

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

Rev. 5-17-39 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

John B. Lagetina

Licensed Embalmer No. *4273*

P. O. Address *Kansas City 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, above space should be left blank.