

FILED MAY 14 1942

State File No. \_\_\_\_\_  
Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1813

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

1. PLACE OF DEATH: **Jackson**  
(a) County: **Kansas City**  
(b) City or town: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Wheatley Provident Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **11 days**  
In this community: **29 years** (Specify whether years, months or days)

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.: **619 East 14th Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: **George Walker**

3. (b) If veteran, **None** name war: \_\_\_\_\_  
3. (c) Social Security No.: **486-07-1666**

4. Sex: **Male**  
5. Color: **Col** race: \_\_\_\_\_  
6. (a) Single, widowed, married, divorced: **Widowed**  
6. (b) Name of husband or wife: **Beatrice Walker**  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: **June 19, 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>10</b>	<b>14</b>	_____ hr. _____ min.

9. Birthplace: **Huntsville Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Laborer**  
11. Industry or business: **K. C. Public Service**

12. Name: **Tom Walker**

13. Birthplace: **Texas**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Amanda**  
15. Birthplace: **Texas**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Callie Woods**

(b) Address: **619 East 14th Street**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof: **5/7/42**  
(Month) (Day) (Year)  
(c) Place: burial or cremation: **Highland Cemetery**

18. (a) Signature of funeral director: **Watkins Bros.**  
(b) Address: **1729 Lydia**

19. (a) **5-7-42** (Date received local registrar) (b) **M. M. Browne** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3** year **1942** hour **7** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **April 20** 19 **42** to **May 3** 19 **42**  
that I last saw him alive on **May 2** and that death occurred on the date and hour stated above

Immediate cause of death: **Diabetes Mellitus & Cerebral Hemorrhage** Duration \_\_\_\_\_

Due to: \_\_\_\_\_  
Due to: **bl**

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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, or industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of plant) (e) Means of injury: **D**

23. Signature: **J. C. [unclear]** (M. D. or other)  
Address: **1714 [unclear]** Date signed: **5/6/42**

*Mc*

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.....

*J. J. Manlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*2503 Highland*

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.