V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13588

Registrar's No. 1856

**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: 4343 Madison Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4343 Madison street 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Maude B. Walker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles C. Walker

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 8, 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Mathias G. Custer
13. Birthplace Logansport, Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Dyer
15. Birthplace Logansport, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Charles C. Walker
(b) Address 4343 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) 5-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 10th
year 1942 hour 9 minute 5 a M.

21. I hereby certify that I attended the deceased from May 10th, 1942 to May 10, 1942
that I last saw her alive on May 10th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 30 Min

Due to Myocarditis Chronic family history — 5 yrs

Due to .....

Other conditions ..... 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

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? ..... (Specify type of place)

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

23. Signature [signature] (M. D. or other) MD

Address 901 Westport Rd Date signed 5/10/42

341 (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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Kemmo

**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.**