

Registration District No. **277**

Primary Registration District No. **1002**

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: **4432 Penn**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether
In this community.....
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. **4432 Penn**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **John William Walker**

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

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Sgl**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **April 25 1942**
(Month) (Day) (Year)

8. AGE: Years **0** Months **2** Days **26** If less than one day
hr. min.

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

10. Usual occupation **Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Hugh Walker**
13. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Fay Palmer**
15. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Hugh Walker**
(b) Address **4432 Penn, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **7-22-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Joplin, Mo.**

18. (a) Signature of funeral director **J. M. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **7/21/42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21st**
year **1942** hour **7** minute **45 A.M.**

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

Immediate cause of death **Coronary (arterio-ventricular defect) heart.**

Due to..... **1572**

Due to.....
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy **see above**

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?

While at work..... (Specify type of place)
(c) Means of injury.....
23. Signature **M. M. Crowe** (M. D. or other) **3**
Address **K.C. Mo.** Date signed **7/21/42**

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

MISSOURI
STANDARD

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..... *Cecil R. Mathes*.....

Licensed Embalmer No. *3807*.....

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, fact should be so stated above.