

SEP 3 1942

3101

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8-8-42-8-11-42**  
In this community **19 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LOUISE WALKER**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Richmond Walker** 6. (c) Age of husband or wife if alive **38** years  
7. Birth date of deceased **August 16 1904**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **38** Days **25** If less than one day  
**37** hr. **38** min.

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

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER

12. Name **Homer Williams**  
13. Birthplace **Collis Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mattie Taylor**  
15. Birthplace **Huntsville Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **8-17-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **H. D. Moore**  
(b) Address **1820 E-18th St.**

19. (a) **8-17-42** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

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. **2108 Park**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**  
year **1942** hour **10** minute **15 p.m.**

21. I hereby certify that I attended the deceased from **August 8**, 19**42**, to **August 11**, 19**42**, that I last saw her alive on **August 11**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Congestive Heart Failure**

Due to **Hypertensive type heart disease with decompensation**

Due to **135**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
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?

While at work? (Specify type of place) Means of injury

23. Signature **J. O. Brown** (M. D. or other)  
Address **Gen. Hosp #2-601 E. 22** Date signed **8-12-42**

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

10

501

**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 me

AB Moore

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E. 18th St

**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.**