S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40022

State File No.

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. [illegible]

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: Viaduct 3rd Lydia 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 30 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 724 Campbell (Rear)
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME WALTER R. WALKER.

3. (b) If veteran, name war No.

3. (c) Social Security No. 496-16-6774

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife ~~Wife Deceased~~ unk.

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

7. Birth date of deceased 10 (Month) — 2 (Day) — 1888 (Year)

8. AGE: Years 54 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace BELTON MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation TRUCK DRIVER.

11. Industry or business Western Transfer Co.

FATHER
12. Name Andrew Walker
13. Birthplace Georgia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Fannie Bell Douglas
15. Birthplace Pleasant Hill (City, town, or county) Ond. (State or foreign country)

16. (a) Informant Josephine F. White
(b) Address 3727 Dunbar Dallas Tex

17. (a) ~~Burial Removal~~ (Burial, cremation, or removal) (b) Date thereof 12 (Month) 18 (Day) 42 (Year)
(c) Place: burial or cremation Oak hill Lawrence Kans

18. (a) Signature of funeral director Ideal Fun. Home
(b) Address 1409 E. 12th K.C. Mo.

19. (a) 12-18-42 (Date received local registrar) (b) M. M. Crower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1942 hour 9:10 minute a: M.

21. I hereby certify that I attended the deceased from ..., 19...;
that I last saw ... alive on Deputy Coroner ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Auto Traumatism
Due to Fracture of Cervical Spine
Due to Crushed Injury of Chest
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 170 C-6
Of autopsy Yes 28

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) Acc. 123
(b) Date of occurrence Dec 14-42.
(c) Where did injury occur? Kans City Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Street Truck over Viaduct
(Specify type of place)
While at work? Yes (e) Means of injury Auto Trauma

23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 12-16-42

(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.....

Licensed Embalmer No. 3388

P. O. Address KC, 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.