

FILED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(c) Name of hospital or institution:  
2625 Sacramento Street  
(d) Length of stay: In hospital or institution 60 years  
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(d) Street No. 2625 Sacramento  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mamie E. Walker

3. (b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2  
6. (b) Name of husband or wife Thomas C. Walker 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 31, 1869

8. AGE: Years 73 Months 11 Days 14

9. Birthplace Bethany, Missouri

10. Usual occupation At Home

11. Industry or business

12. Name Frank Porter  
13. Birthplace White Cloud, Kansas  
14. Maiden name Anna Miller  
15. Birthplace Joliet, Illinois

16. (a) Informant Mrs. Charles A. Tolson  
(b) Address 2625 Sacramento Str. et.

17. (a) Burial (b) Date thereof 3/17/43

(c) Place: burial or cremation St. Jo. Mem. Park Cem

18. (a) Signature of funeral director Rose Hugo  
(b) Address 319 So. 10th Street

19. (a) 3-17-43 (b) Rose Hugo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1943 hour 7:00 minute 50p.m.

21. I hereby certify that I attended the deceased from Mar 13th 1943 to Mar 15th 1943 that I last saw her alive on Mar 13th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 days  
Due to General Arteriosclerosis 5 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J3a  
Of autopsy No

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature H F Mundy Date signed 3/16/43  
Address 404 So 3rd

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

MOTHER FATHER

**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 \_\_\_\_\_

\_\_\_\_\_ 3/15/43 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph M

**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.**