

33974
State File No. 4475
Registrar's No.

FILED NOV 1 1943
Registration District No. 149

Primary Registration District No. 1002

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

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:
2028 Belleview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2028 Belleview
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
if yes, name country _____

3. (a) PRINT FULL NAME ALTA MAY WALKER

3. (b) If veteran, name war None 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 William Walker 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 1, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Sam Lowe

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucille

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Walker

(b) Address 2028 Belleview

17. (a) Burial (b) Date thereof 10/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Thakins Bros
(b) Address 1729 Lydia Avenue

19. (a) 10-21-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 19, day Tuesday
year 1943 hour 8:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Oct. 19
_____ 1943, to Oct 19 1943
that I last saw her alive on 10 - 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary heart disease

Due to chronic myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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)
(e) Means of injury _____

23. Signature T. E. Brown (M. D. or other M.D.)
Address 1618 Lydia Date signed 10/21/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

L. M. Lillman

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. 3994
P. O. Address..... 2503 Highland

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.