

FILED DEC 3 1943/9

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4917

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: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether in this community _____ years, months or days) (Specify whether years, months or days) 50 YEARS

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. 2ND FLOOR NORTH 912 BENTON
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MR. GEORGE LEO WALKER

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. 4874265882

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JUNE - 27 - 1893
(Month) (Day) (Year)

9. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>4</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace KANSAS CITY MISSOURIO
(City, town, or county) (State or foreign country)

10. Usual occupation POLITICIAN

11. Industry or business _____

MOTHER FATHER

12. Name THOMAS H. WALKER /

13. Birthplace NEW YORK CITY NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MARY LONG

15. Birthplace GAILS BURG ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MISS MARY L. WALKER

(b) Address 912 BENTON BLVD. 2ND FLOOR NORTH

17. (a) BURIAL (b) Date thereof NOV. 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director W. H. Newcomer, Son

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 11-20-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 18TH
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11/17 1943, to 11/18 1943
that I last saw him alive on 11/18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
2 days

Due to Cardiac Failure

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature D. E. Russell (M. D. or other) _____

Address 3231 E-11 St Date signed 11/20/43

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

3011a Judy 300

FEB 16 1974

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..... *Carole M. Colburn*

Licensed Embalmer No. *3506*

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.