

FILED DEC 22 1943

Registration District No. 7789 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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-11-43-11-20 43
(Specify whether years, months or days)

In this community 23 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town..... Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1109 Campbell 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME WALKER, ELLA

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..... Homer Walker

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

7. Birth date of deceased..... unknown
(Month) (Day) (Year)

8. AGE: Years app. 54 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Jefferson City, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(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 11/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 11-30-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1943 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from November 11 1943 to November 20 1943
that I last saw her alive on November 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Breast and Generalized Metastasis.

Due to Primary Ca. of Breast removed 3 yrs. ago.

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

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 T. E. Brown (M. D. or other) _____
Address General Hosp. #2 Date signed 11-23-43

600822-5

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..... *Jerome Munroe*

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.