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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 1805

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5585

**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: 614 Charlotte St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Minutes

**2. USUAL RESIDENCE OF DECEASED:** 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 614 Charlotte St.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Infant Walker

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

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 14 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day: hr. 55 min.

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

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Wesley Walker
13. Birthplace: Edwardsville (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name: Marie Eleanor Hayes
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Marie Walker
(b) Address: 614 Charlotte St.

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation: Retained as laboratory

18. (a) Signature of funeral director: Specimen at Kansas
(b) Address: City College of Osteopathy and Surgery

19. (a) 12-28-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 14 year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 14, 1943 to March 14, 1943 that I last saw him alive on March 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth | Duration

Due to: Mother had a Positive Serological test for Syphilis

Due to:

Other conditions (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: Frank T. Machovec (M. D. or other) D.O.
Address: 207 Garfield Ave. K.C. Mo. Date signed 12-27-43

(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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**