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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1806

State File No.

FILED JAN 19 1944

Registration District No. 9

Primary Registration District No. 1002

Registrar's No. 5587

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. 1
(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: 2/8

(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 —

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 1 hr. 13 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 E. 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 City
(b) Address College of Osteopathy and Surgery

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 9:00 minute 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.

	Duration
Immediate cause of death Premature birth	
Due to Mother had a Positive Serological test for Syphilis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

159

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank T. Machover (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.