. S. No. 2
0M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30349

State File No.

FILED OCT 2 1944

Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 3818

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 709 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry HARRY WALKER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

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 Oct. (Month) 20 (Day) 1868 (Year)

8. AGE: Years 75 Months 10 Days ~~25~~ 28 If less than one day hr. min.

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

10. Usual occupation Retired Engineer

11. Industry or business

MOTHER FATHER
12. Name Walker
13. Birthplace unk. (City, town, or county) (State or foreign country)
14. Maiden name Martha
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Chappell
(b) Address 1219 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 22 (Day) 44 (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 9-21-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18 year 44 hour 5:25 P minute M.

21. I hereby certify that I attended the deceased from Common, 19, to, 19;
that I last saw him alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Intravascular Clot Chronic — Duration

Due to — Duration

Due to 93 d — Duration

Other conditions (Include pregnancy within 3 months of death) — Duration

Major findings:
Of operations
Of autopsy Angulation & healing

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 O H Leach (M.D.) 3
Address Kansas City Date signed 9/20/44

(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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address K C 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.