

FILED JAN 9 1946

Registration District No. 149

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: 3011 Oak Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)  
In this community 45 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. 3011 Oak Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISS ELVIE FITCH WALKER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 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 unknown  
(Month) (Day) (Year)

8. AGE: Years Apr. 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Music Teacher

11. Industry or business \_\_\_\_\_

12. Name Charles A. Walker

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Arta O. Fitch

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John A. Parkinson

(b) Address 3225 Paseo

17. (c) Burial (b) Date thereof 12/17/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 12-17-45 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th,  
year 1945 hour 10:30 P.M. minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from occasionally August, 1945 to Dec-14, 1945  
that I last saw her alive on Dec-14, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic decubitus about 6 mo  
Chr. rheumatoid arthritis 2 years

Due to chronic starvation  
(self-imposed), Christian Science

Due to I made 5 or 6 visits in 4 mo.  
Other conditions due to C.S. little could be done  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 590  
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 0

23. Signature Herbert Tutthill (M. D. or other) \_\_\_\_\_  
Address 1211 Walnut Bldg Date signed Dec 15 1945

3-5  
Realty Bldg

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**