

S. No. 2
M-543
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

16898
2416

FILED JUN 10 1946

State File No.
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
2802 Bell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mississippi County Panola?
(c) City or town Corbo, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Alex Walker
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 28 year 1946 hour 12 minute 35 P.M.
21. I hereby certify that I attended the deceased from 4-20-46 to 5-28-46
that I last saw him alive on 5-26-46
and that death occurred on the date and hour stated above.
Immediate cause of death Senility
Due to Senility
Other conditions none
(Include pregnancy within 3 months of death)

4. Sex male 5. Color or race negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Walker
6. (c) Age of husband or wife if alive 5 years (Day) (Year)
7. Birth date of deceased 5 5 1874 (Month) (Day) (Year)

Duration 3 1/2 yrs
Major findings:
Of operations none
Of autopsy none

8. AGE: Years 72 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Alex Walker Jr.

(b) Address 2802 Bell

17. (a) Burial (b) Date thereof 5-31-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Ch. Ct.

18. (a) Signature of funeral director Wm. J. Jones

(b) Address 1440 State Ave. St. Louis

19. (a) 5-31-46 (b) Beraldie Holmes (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? no (Specify type of place) (e) Means of injury 0

23. Signature F. J. Dargh (M. D. or other)
Address 2200 E. 780 Date signed 5-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

15780

Dr. Haugh
18th + Brooklyn

1

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 Eugene English
Licensed Embalmer No. 4605
P. O. Address 440 State Ave.

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.