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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 31 1946

Registration District No. Primary Registration District No. 1002 Registrar's No. 2989

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 Wheatley Provident Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days (Specify whether years, months or days) In this community 44 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1927 N. 6th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Edward Lee Walker
3. (b) If veteran, name war no
3. (c) Social Security No. 702-12-0142
4. Sex Male
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie Walker
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 6 (Month) 24 (Day) 1887 (Year)

8. AGE: Years 59 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Forest Hill (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Porter Brakeman
11. Industry or business K. C. Southern R. R.
MOTHER FATHER
12. Name Jinks Walker
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Cherry Smith
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Nettie Walker
(b) Address 1927 N. 6th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-'46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn K.C.K.
(d) Casket Lewis
18. (a) Signature or funeral director Mrs. J. W. Jones
(b) Address 440 State Ave. K.C.K.
19. (a) 7-8-46 (Date received local registrar) (b) Thaldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 1946 hour 8 minute 40 A.M./P.M.
21. I hereby certify that I attended the deceased from May 15 1946 to July 3 1946 that I last saw him alive on July 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas, metastatic in gall bladder and liver

Due to

Other conditions (Include pregnancy within 3 months of death) Hypertension

Major findings: Of operations 0 Of autopsy ✓

Duration

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) 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? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature J. D. Miller (M. D. or other)
Address 800 Brighton Bldg. Date signed 7-5-46

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. P. Miller
Argyle Bldg.
12th + McGee

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 Eanglish

Licensed Embalmer No. 4105

P. O. Address 4440 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.