

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 26 1947
Registration District No. **1476**

Primary Registration District No. **5-568**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Fairmount Station** *Blue*
 (c) Name of hospital or institution: **Ditzler and Kentucky Ave.** *Rural*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **11 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Roland S. Walker**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **None**
4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**
6. (b) Name of husband or wife **None Infant** **6. (c) Age of husband or wife if alive** **years**
7. Birth date of deceased **May 14 1935**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 9 18 hr. min.

9. Birthplace **Kansas City, Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **School Pupil**

11. Industry or business
12. Name **William S. Walker**
13. Birthplace **Clarence, Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Mae Miller**
15. Birthplace **Amoret Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Williams S. Walker**
(b) Address **9221 Kentucky, Kansas City**
17. (a) Burial (b) Date thereof **3/4/47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills**
18. (a) Signature of funeral director **George C. Carson**
(b) Address **Independence, Missouri**
19. (a) 3-15-47 (b) *[Signature]*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Fairmount Station** *Rural*
 (If outside city or town limits, write "RURAL")
 (d) Street No. **9221 Kentucky** *Kansas City*
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **2**
 year **1947** hour **10** minute **50** a. M.
21. I hereby certify that I attended the deceased from _____, 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 *Deputy Coroner*
Skull Fracture
Due to **Auto Trauma**
(Car & Sled rider)
Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: *1700-8*
Of operations _____
Of autopsy *See Above*
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. **Accident 48**
(b) Date of occurrence **3/4/47**
(c) Where did injury occur? **Fairmount** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**
 (Specify type of place) (e) Means of injury **Trauma**
Signature **A. E. [Signature]** (M. D. or D. O.)
2800 main Date signed **3/4/47**

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.....

R. A. Lisle

Licensed Embalmer No.....

4123

P. O. Address.....

Independence, 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.