

**FILED** AUG 19 1947  
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:  
**St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **One day**  
(Specify whether  
In this community **Life**  
years, months or days)

**3. (a) PRINT FULL NAME** **BETTY JO WALKER**

**3. (b) If veteran, name war** **no** **3. (c) Social Security No.** **no**

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Child**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **April 21, 1933**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>14</b>	<b>3</b>	<b>15</b>	_____ hr. _____ min.

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

**10. Usual occupation** **Schoolgirl**

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

**MOTHER** { **12. Name** **Burr Walker**

**13. Birthplace** **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Margaret Baugh**

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

**16. (a) Informant** **Mr. Burr Walker**

**(b) Address** **Kansas City, Missouri**

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** **8/9/47**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Elmwood Cemetery**

**18. (a) Signature of funeral director** **Roland R. Speaks**

**(b) Address** **Independence, Missouri**

**19. (a) 8-8-47** (Date received local Registrar) **(b) Geraldine Holmes** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

**(a) State** **Missouri** **(b) County** **Jackson** **48**

**(c) City or town** **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

**(d) Street No.** **914 Van Buren** **8**  
(If rural, give location)

**(e) Citizen of foreign country?** **no** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Aug** day **4** year **1947** hour \_\_\_\_\_ minute **50p** M.

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

Immediate cause of death \_\_\_\_\_

**Diabetic Acidosis**

Due to **Diabetic since 1 1/2 yrs.**

Due to \_\_\_\_\_

Other conditions **Central Hemorrhage**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **above** **61**

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)** \_\_\_\_\_

**(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** **D. J. Speaks** (M.D. or other)

**Address** **St. Joseph Hospital** **Date signed** **8/7/47**

**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

*Colandrea*

Licensed Embalmer No. *3604*

P. O. Address *Indep 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.**