I—1/47
5-17-39

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

National Office of Vital Statistics

FILED NOV 5 1947

STANDARD CERTIFICATE OF DEATH

State File No. 33979

Registration District No. 71 | Primary Registration District No. 3012 | Registrar's No. 162

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 mos. 11 days (Specify whether years, months or days)
In this community: 3 mos. 11 days

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.: 1708 Park Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Aden Walker
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: Not remembered
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Roberta Walker
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: August (Month) 17 (Day) 1919 (Year)

8. AGE: Years 28 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace: Vossburg, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: Truck driver - Mechanic
11. Industry or business: Flint Co. (Paper)

MOTHER FATHER
12. Name: Matt Walker
13. Birthplace: Vossburg, Mississippi (City, town, or county) (State or foreign country)
14. Maiden name: Zella Terrell
15. Birthplace: Vossburg, Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 22 1947 (Month) (Day) (Year)
(c) Place of removal: Vossburg, Miss.
18. (a) Signature of funeral director: Chas. D. Hope
(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri.
19. (a) 10-22-47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 21 year: 1947 hour: 6:45 minute: A.M.
21. I hereby certify that I attended the deceased from July 10, 1947 to October 21, 1947; that I last saw him alive on October 21, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, reinfection type, far advanced, active, severe symptoms. — Duration: Unknown
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: No autopsy.

PHYSICIAN — Underline the cause of 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: L. Fiorito (M. D. or other): M.D.
L. FIORITO,
Address: Veterans Administration Hospital, Excelsior Springs, Mo. Date signed: 10-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-4-47

DEC 19 1988

NOV 2 1 1950

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 Jas A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.