S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38487

Registrar's No. 4731

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: Lakeside O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2 (If outside city or town limits, write "RURAL")

(d) Street No. 110 North Mersington 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ERMA WALKER

3. (b) If veteran, name war no - -

3. (c) Social Security No. 487-26-8424

4. Sex fe /

5. Color or race white

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Oscar B. Sr.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 27 1902 (Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 12 ~~13~~ If less than one day hr. min.

9. Birthplace Hartville Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Home maker

11. Industry or business At Home

FATHER
12. Name Thomas Bishop
13. Birthplace Wright Co Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Addie Alsup
15. Birthplace Wright Co. Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Oscar B. Walker

(b) Address 110 No Mersington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 11-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1947 hour 11 minute 25 P M.

21. I hereby certify that I attended the deceased from 11 / 6 1947 to 11-9 1947 that I last saw her alive on 11-9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Complete Cardiac and Respiratory failure

Due to Carcinoma of the right breast with secondary metastases to the lungs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy

Duration

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 ID

23. Signature Edward Furey (~~M. D.~~ or other) D.O

Address 3705 St John Ave Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Blackman
Funeral
Directors

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.