S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5134

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 621

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2106 E. 16th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K.C. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2106 East 16th 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David R. Walker
3. (b) If veteran, name war Mo.
3. (c) Social Security No. 487-03-5138

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife BLANCHE WALKER
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July (Month) 6 (Day) 1906 (Year)

8. AGE: Years 41 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Atlanta (City, town, or county) Texas (State or foreign country)
10. Usual occupation Car Puller
11. Industry or business
FATHER
12. Name Wilbur A. Walker
13. Birthplace (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Katie Thomas
15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant Mrs Blanch Walker
(b) Address 2106 E. 16th St. K.C. Mo
17. (a) Removal BURIEL (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation West Lawn Cemetery, K.C.K.
18. (a) Signature of funeral director Fannie L. Meek
(b) Address 1708 E. 18th St.
19. (a) 2-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1948 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 8 - 1948 to Feb. 9, 1948
that I last saw him alive on Feb. 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrage.
Due to Hypertension
Due to
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations 8 30
Of autopsy no

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 0
23. Signature [signature] (M. D. or other)
Address 2200 E. 18 Date signed 2-10-48

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

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

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 Fannie L. Mick

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.