S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5135
Registrar's No. 580

WRITE PLAINLY—USING 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: Wheatley Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 7 Years
years, months or days)

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. 5317 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Grant Walker
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucy Walker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 10, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	27	hr. min.

9. Birthplace Marian, Alabama 1
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Hamilton Walker 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dolly
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Alfonso Walker 1
(b) Address 5317 Montgall
17. (a) Removal (b) Date thereof 2/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marian, Alabama
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave.
19. (a) 2-9-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Februaary day 7th
year 1948 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Feb. 1 1948 to Feb. 7 1948;
that I last saw him alive on Feb. 7, 1948, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Cellulitis left leg
Due to
(2) Varicose Ulcer
Due to
(3) Bronchopneumonia (Terminal)
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 107
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 0
23. Signature Rogace B. Flemming (M. D. ~~or other~~)
Address 1830 Vine St Date signed 2/9/48

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

Dr. Fleming

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 D. J. Menlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.