

FILED APR 17 1948/49

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12046
12946
1500
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
Kansas City
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3811 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Maria Walker

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Geo. F. Walker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 8th. 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 27 If less than one day
hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. F. Liebenrood
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Barker
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Salisbury
(b) Address 3811 Indiana

17. (a) Burial (b) Date thereof 4/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 4-5-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3811 Indiana
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.
year 1948 hour 9 minute 10 A M.

21. I hereby certify that I attended the deceased from MAR 24 1948 to APR 5 1948
that I last saw PR alive on APR 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LARYNX Duration 18 Mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 47a
Of operations _____
Of autopsy _____

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 A. L. Henson (M. D. or other) 3
Address 3400 EAST 31 Date signed APR 5 48

RC.3 Mo.

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

3400-6-31

2-5130

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.