S. No. 300
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ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26652

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3207

WRITE PLAINLY—USE 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: 2330 Highland Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 19 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 2330 Highland Ave (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 8
If yes, name country — 0

3. (a) PRINT FULL NAME HERMAN WALKER
3. (b) If veteran, name war No.
3. (c) Social Security No. 499-10-2952
4. Sex Male
5. Color or race Negro.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANCIS WALKER
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased May 6, 1917 (Month) (Day) (Year)

8. AGE: Years 31 — Months 2 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace MORRILTON, ARK. (City, town, or county) (State or foreign country)
10. Usual occupation BEEF HEADER
11. Industry or business PACKING HOUSE
FATHER
12. Name OTIC WALKER
13. Birthplace CHICOT, ARK. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CAROLINE EDWARDS
15. Birthplace MORRILTON, ARK. (City, town, or county) (State or foreign country)
16. (a) Informant MRS CAROLINE PARKER
(b) Address 2212 CHARLOTTE ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director Cle Davis
(b) Address 1513 TROOST AVE
19. (a) 8-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3 year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Deputy 19 to Corone 19; that I last saw alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Internal Hemorrhage	
Due to Multiple Gun Shot wounds	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 166	
Of autopsy Same as above	

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) Homicide
(b) Date of occurrence 8-3-48 1:23
(c) Where did injury occur? K. C. Jackson MO. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 2330 - Highland (Specify type of place)
While at work? (e) Means of injury Gun Shot
23. Signature R. Williams (M. D. or other)
Address 2636 - Brooklyn Date signed 8-6-48

(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 C. L. Davis

Licensed Embalmer No. 4417

P. O. Address T. C. Tex.

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.