

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

1454

State File No. ....

16

FILED JAN 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>M</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR RESIDENCE <u>1210 Ewing</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>M</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 18, 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>

13a. FATHER'S NAME <u>Nathan Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy T. Walker (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>496 24 0729</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Thurman, 1210 Ewing, K.C. Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Bronchial Pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 days</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>non collision</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Kansas</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 18 48 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>On a motor scooter</u>

22. I hereby certify that I attended the deceased from Dec 24, 1948, to JAN 1, 1949, that I last saw the deceased alive on JAN 1, 1949, and that death occurred at 500P m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. A. Kienberger</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>5242 St. John</u>	23c. DATE SIGNED <u>1/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1-3-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. G. Carson Independence, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

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Jury

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.