

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1950

State File No. 27160
3458

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2		d. STREET ADDRESS (If rural, give location) 626 N. SPRING STREET	

3. NAME OF DECEASED (Type or Print) JAMES	a. (First)	b. (Middle)	c. (Last) WALKER	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 8, 1950
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 12, 1873	9. AGE (In years last birthday) (Specify) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME CORONVILLE WALKER	13b. MOTHER'S MAIDEN NAME MARY	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME MRS. MARY WALKER	ADDRESS 1717 Park
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE HEART DISEASE WITH ANTECEDENT CAUSES DECOMPENSATION		INTERVAL BETWEEN ONSET AND DEATH 44 1/2
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from AUGUST 6, 1950, to AUGUST 7, 1950, that I last saw the deceased alive on AUGUST 7, 1950, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis	(Degree or title) MD	23b. ADDRESS 600 EAST 22nd ST	23c. DATE SIGNED 8-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/12/50	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 8-12-50	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wethers	ADDRESS 1729 Lydia
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. James Manlove

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Higley*

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.