

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12858  
1620

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>  |  |
| c. LENGTH OF STAY (in this place)<br><u>5 YEARS</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>5731 Oak</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Trinity Hospital</u>                         |  |   |  |

|  |                             |                         |   |
|--|-----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Edith</u> | b. (Middle) <u>MARIE D.</u> | c. (Last) <u>WALKER</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April-10-1951</u> |
|--|-----------------------------|-------------------------|---|

|                         |                                  |  |   |  |                           |                         |       |      |
|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|-------|------|
| 5. SEX<br><u>FEMALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u> | 8. DATE OF BIRTH<br><u>Nov 30, 1894</u> | 9. AGE (In years last birthday)<br><u>56</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 4 HRS.<br>Days | Hours | Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|-------|------|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Concordia Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Adolph H DeKe</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Alice Covington</u> | 14. NAME OF HUSBAND OR WIFE<br><u>MARVIN WALKER</u> |
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|   |  |   |                                     |
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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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>MR. C. F. Stigdon</u> | ADDRESS<br><u>5731 OAK K.C. Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6x-1950</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u>   |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious Anemia</u> |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 1 May, 1949, to 9 Apr, 1951, that I last saw the deceased alive on 9 Apr, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

|  |   |                                      |
|--|---|--------------------------------------|
| 23a. SIGNATURE <u>Robert M. Myers M.D.</u> (Degree or title) | 23b. ADDRESS<br><u>1025 Quatto Berg</u> | 23c. DATE SIGNED<br><u>10 Apr 51</u> |
|--|---|--------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><u>BURIAL</u> | 24b. DATE<br><u>April-13-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>ST. PAUL'S LUTHERAN CEMETERY</u> | 24d. LOCATION (City, town, or County) (State)<br><u>CONCORDIA MISSOURI</u> |
|--|-----------------------------------|---|--|

|  |  |   |   |
|--|--|---|---|
| DATE REC'D BY LOCAL REG.<br><u>4-13-51</u> | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. Newcomer's Sons</u> | ADDRESS<br><u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
|--|--|---|---|

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

DEC 3 1951

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 \_\_\_\_\_

John Lewis Jr

Student Embalmer No. 707

working under my personal supervision.

Student John Lewis Jr

Student Embalmer

Signed

Charles Strickney

Licensed Embalmer No. 4566

P. O. Address KP, 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.