

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27246  
3312

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>15 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>1415 East 14th St. 320</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>					

3. NAME OF DECEASED (Type or Print) **Dewitt Walker**

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH **July 29, 1951**  
(Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **June 6, 1913** 9. AGE (In years last birthday) **38**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer**

11. BIRTHPLACE (State or foreign country) **Canton, Mississippi**

12. CITIZEN OF WHAT COUNTRY? **USA**

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) **Canton, Mississippi**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Emmett Walker** 13b. MOTHER'S MAIDEN NAME **Katie Lou Howard** 14. NAME OF HUSBAND OR WIFE **Rosie Lee**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **425-01-1527** 17. INFORMANT'S SIGNATURE OR NAME **Emmett Horton** ADDRESS **2500 E. 14th St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Meningitis**

ANTECEDENT CAUSES **Hereditary Weakness of Skull**

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 **Fracture from Gun-Sept 2**

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) **717 E 14th St**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **K.C. Jackson Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **6/29/51 7:00 PM** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Shot wound**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Thos. J. Jones** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **1617 E 17th St** 23c. DATE SIGNED **8/1/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/2/51** 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) **Canton, Mississippi**

DATE REC'D BY LOCAL REG. **8-2-51** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Watkins Bros.** ADDRESS **184 Benton**

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

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.