

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27248

BIRTH NO. 53531-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 3326

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. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3039 576 Tracy</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>576 Tracy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1951</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marcel</u>		b. (Middle) <u>(none)</u>	c. (Last) <u>Walker, Jr.</u>	5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>	
7. MARRIED <u>NEVER MARRIED</u> WIDOWED, DIVORCED, (Specify) <u>--</u>		8. DATE OF BIRTH <u>July 20, 1951</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Marcel Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Parks</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred A. Stalter</u> ADDRESS <u>576 Tracy</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Feeble musculature of respiration</u> DUE TO (c) <u>--</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Prematurity 26 weeks</u>			INTERVAL BETWEEN ONSET AND DEATH <u>70 hrs</u>
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>			
22. I hereby certify that I attended the deceased from <u>July 20, 1951</u> , to <u>July 20, 1951</u> , that I last saw the deceased alive on <u>July 20, 1951</u> , and that death occurred at <u>3:25 A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Luther W. Swift</u> (Degree or title) <u>DO</u>			23b. ADDRESS <u>2105 Indep. Ave</u>		23c. DATE SIGNED <u>7/31/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>7-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K.C.C.O.S. Path. Lab</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG <u>8-3-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K.C. College of Naturopathy K.C. Mo.</u> ADDRESS <u>--</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.