

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30457**
4048

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

1. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY**
c. LENGTH OF STAY (In this place) **18 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Trinity Lutheran Hosp**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **JACKSON**
c. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY 3 Rural**
d. STREET ADDRESS (If rural, give location) **8841 WINNER Rd**

3. NAME OF DECEASED
a. (First) **ANNA** b. (Middle) **S** c. (Last) **WALKER**

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 21, 1951

5. SEX **FE** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **JAN 25 1873**

9. AGE (In years) (If under 1 year: Months) (Days) (If under 6 mos. Hours) (Mins.) **78**

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

10b. KIND OF BUSINESS OR INDUSTRY **Self**

11. BIRTHPLACE (State or foreign country) **Roscoe, Mo**

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

13a. FATHER'S NAME **FREDRICK SEBOLD**

13b. MOTHER'S MAIDEN NAME **Julia Steinmetz**

14. NAME OF HUSBAND OR WIFE **BENJAMIN WALKER (Deid)**

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

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **MRS Ruby Oster** ADDRESS **K.C. (3) MO**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Polycythemia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerosis**
DUE TO (c) **Gangrene left leg**
II. OTHER SIGNIFICANT CONDITIONS-
Conditions contributing to the death but not related to the disease or condition causing death. **Hypertension**

INTERVAL BETWEEN ONSET AND DEATH
Known - 4 yrs
450!

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June, 1949**, to **9/21, 1951**, that I last saw the deceased alive on **9/21, 1951**, and that death occurred at **10:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J. J. Farnsworth** (Degree or title) **M.D.**

23b. ADDRESS **1103 Grand K.C. Mo**

23c. DATE SIGNED **9/22/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **9-24-51**

24c. NAME OF CEMETERY OR CREMATORY **Mt Washington**

24d. LOCATION (City, town, or county) (State) **K.C. 3 MO**

DATE REC'D BY LOCAL REG. **9-22-51** REGISTRAR'S SIGNATURE **Sheldene Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **Geo. C. CARSON** ADDRESS **Independence Mo**

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 Geo. Carson.....

Signed.....
Student Embalmer

Licensed Embalmer No..... 2249

P. O. Address Independence 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.