

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

41786

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5484

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Marys Hospital Life</i> Length of stay in lb <i>20</i>		d. STREET ADDRESS (If outside, give location) <i>7929 Bellevue</i> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>John Thomas Walker III</i>			4. DATE OF DEATH Month Day Year <i>12-17-1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-11-1944</i>
9. AGE (In years last birthday) <i>12</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Schoolboy</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Child</i>
11. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>John Thomas Walker II</i>		14. MOTHER'S MAIDEN NAME <i>Dorothy Welty</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>John Walker 7929 Bellevue</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>fractured skull</i>			INTERVAL BETWEEN ONSET AND DEATH <i>89369 48</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>unknown how injury occurred</i>		
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m. <i>bed 12-17-56</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>unknown</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i> STATE <i>Mo</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title)		22b. ADDRESS <i>1034 Park Pl Bldg</i>	22c. DATE SIGNED <i>12-18-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12-19-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cim</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>France-Warnell Funeral Home H.C. Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12-18-56</i>	26. REGISTRAR'S SIGNATURE <i>Deva Minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

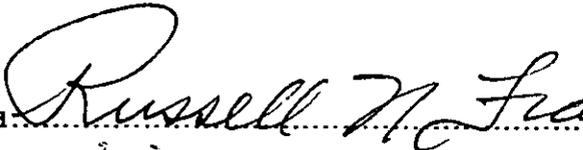
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 42

P. O. Address..... K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.