

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

24410
Do not use this space.

REC'D AUG 8 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Raw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 4121 Kenwood Registered No. 2915

(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Valentine N. Walker

(a) Residence, No. 4121 Kenwood St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Hattie Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 22 - 1854

7. AGE YEARS 84 MONTHS 1 DAYS 26 IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 4 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Indiana

FATHER

13. NAME James Q. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Ohio

MOTHER

15. MAIDEN NAME Matilda Shimm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Virginia

17. INFORMANT Mrs. Chas. Cowles
(ADDRESS) 4436 Troost Ave. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bogard, Missouri DATE 7-20-38

19. FUNERAL DIRECTOR E. A. Dickerson
(ADDRESS) Bogard, Missouri

20. FILED July 19, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 18 - 38, 19

I HEREBY CERTIFY That I attended deceased from Jan 14, 1935 to July 18, 1938

I last saw him alive on July 16, 1938 Death is said to have occurred on the date stated above, at 10:20 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset 7-30

Other contributory causes of importance:
Myocardial Degeneration
Atrial Fibrillation

Name of operation None Date of _____

What test confirmed diagnosis? Pluveal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. N. Owens, M. D.
(Address) Kansas City Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.
Signed.....
..... Licensed Embalmer No.....

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.)