

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.

11 11 1940

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

5921

Do not use this space.

1. PLACE OF DEATH
Buchanan Registration District No. 85
- (a) County Buchanan Primary Registration District No. 1001
- (b) Township or City St. Joseph Wesley House (If death occurred in Hospital or Institution, write its name instead of street and number)
- (c) City (d) Street No. PRYOR + CHEROKEE St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Jennie May Walker
- (a) Residence, No. 820 West Hyde Park St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William S. Walker				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1889				
7. AGE	YEARS 50	MONTHS 5	DAYS 4	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gravity Iowa				
FATHER	13. NAME James Harris			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown			
17. INFORMANT (ADDRESS) William S. Walker Wm S Walker 820 W. Hyde Park				
18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill Cem. DATE Feb. 5, 1940				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Lortuary 5025 King Hill Ave.				
20. FILED Feb 5, 1940 J. Nestelbusch Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	Feb. 2, 1940 viewed
22. I HEREBY CERTIFY, That I viewed deceased from Feb 3d 1940, to I last saw h. alive 19. Death is said to have occurred on the date stated above, at I, 30th, M, The principal cause of death and related causes of importance were as follows: Acute Coronary Thrombosis Date of onset 9412	
Other contributory causes of importance: none	
Name of operation	none Date of
What test confirmed diagnosis? History Was there an autopsy? no.	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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) B. W. Tadlock Coronerm. D. (Address) King Hill Bldg	

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 2/2/40

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Emma Clark*

Licensed Embalmer No. 3476

P. O. Address *St. Joseph Ms.*

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, above space should be left blank.