

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24071**
Registrar's No. **2681**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **GENERAL HOSPITAL #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days) **7 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **531 TRACEY**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7-2-40**
year _____ hour _____ minute **7:26** P.M.

21. I hereby certify that I attended the deceased from **10 July 1940**, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
Due to **Malnutrition** 10/10
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **W. C. Stirling** (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME **WESTLEY WALKER JR**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **12 2 39**
(Month) (Day) (Year)

8. AGE: Years _____ Months **7** Days _____ If less than one day hr. _____ min.

9. Birthplace **KANSAS CITY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **WESTLEY WALKER, Sr**
13. Birthplace **EDWARDSVILLE KANSAS**
(City, town, or county) (State or foreign country)
14. Maiden name **MARIE HAYES**
15. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **WESTLEY WALKER, Sr.**
(b) Address **531 TRACEY**

17. (a) **BURIAL** (b) Date thereof **7-4-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge LAWN**

18. (a) Signature of funeral director **W. C. Stirling**
(b) Address **1816 City Center Bldg**

19. (a) **July 4, 1940** (b) _____
(Data received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

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

Signed *E. Steubing Billa*

Licensed Embalmer No. *23178*

P. O. Address *W. C. 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, above space should be left blank.