

FILED JUL 7 1943

20831

State File No. \_\_\_\_\_

2361

Registrar's No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O. Sewell Hosp # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs.  
(Specify whether  
In this community 10 yrs  
years, months or days)

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. 1211 E. 13th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OTHO WALKER

3. (b) If veteran, name war no 3. (c) Social Security No. 493-12-8401

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rachel Walker 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased May 26 1893  
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Buttington Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
11. Industry or business W. H. Johnson, Sight Bros Motor Co

MOTHER FATHER  
12. Name O. Walker  
13. Birthplace Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Walker  
15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Walker Widow  
(b) Address 2118 E. 11th 3rd Fl East

17. (a) Burial (b) Date thereof 6-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland KC Mo

18. (a) Signature of funeral director Thos W Greenstreet  
(b) Address 1819 E. 15th KC Mo  
19. (a) 6/21/41 (b) M. H. Groom  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 1941  
hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2:5 a.  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Acute pulmonary congestion  
Chronic edema of the brain

Other conditions 104  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, or industrial place, in public place?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature W. H. Johnson (M. D. or other) \_\_\_\_\_  
Address 1211 E. 13th Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

048  
8

048  
3  
8

**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

*Edw. Thomas*

Licensed Embalmer No.....

3836

P. O. Address.....

819 E. 15th Ave 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.**