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DEC 22 1941

Registration District No. 395

Primary Registration District No. 1002

Registrar's No. 4430

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: Wheatley Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HELEN WALKER

3. (b) If veteran, name war _____

3. (c) Social Security No. NO

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased May 3 1910
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Wheatley Hosp. 1826 Forest

17. (a) Removal (b) Date thereof 11-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exclusion Springs, Mo

18. (a) Signature of funeral director Clarence M. Brown

(b) Address Exclusion Springs, Mo.

19. (a) 11-29-41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Mo (b) County Clay

(c) City or town Exclusion Springs, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 112 E North St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1941 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from Nov 25, 1941 to Nov. 29, 1941 that I last saw her alive on Nov. 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Diffuse Peritonitis

Due to Infection.

Due to 11/1/41

Other conditions basal ganglion
(Include pregnancy within 3 months of death)

Major findings: Dystocia

Of operations _____

Of autopsy no

Duration

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, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury ☐

23. Signature F. T. Williams (M. D. or other) M.D.
Address 1618 Lyda Date signed 11/29/41

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 ^{will be} ~~was~~ embalmed by me, or by.....

Not Embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Claude Richard

Licensed Embalmer No.....

2707

P. O. Address.....

Excelsior Springs

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.