

FILED MAY 1943 149

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2041

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 No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4-18-43-4-20-43  
(Specify whether  
In this community about 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
Kansas City  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1211 Vine  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM WALKER

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 15 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 9 5 hr. min.

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

10. Usual occupation Salesman

11. Industry or business for self

12. Name Matthew Walker

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

14. Maiden name Letha Jackson

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 4-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director C. Sterling Bell's

(b) Address 212 Vine St. Kansas City

19. (a) 4-30-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1943 hour 1:40 minute 2 M.

21. I hereby certify that I attended the deceased from April 18, 1943 to April 20, 1943

that I last saw him alive on April 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Ruptured periurethral abscess

Other conditions 126B  
(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?  
While at work?..... (Specify type of place) Means of injury.....

23. Signature S. O. Brown (M. D. or other)

Address Ch. Hosp #2-600 E 22 Date signed 4-22-43

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

MOTHER FATHER

**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. Sterling Mills*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 Pine, K.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, fact should be so stated above.**