

37554
State File No. _____
Registrar's No. 4950

FILED DEC 3 1943
Registration District No. 149

Primary Registration District No. 1002

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

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:
2423 East 23rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 Years (Month) (Day) (Year)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2423 East 23rd Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME HERISE WALKER

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

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

6. (b) Name of husband or wife Prothro Walker 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December 23, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 25 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Lemmie Hall
13. Birthplace Flourney, Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Luke
15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Prothro Walker
(b) Address 2423 East 23rd Street

17. (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Matthew Bess
(b) Address 1729 Lydia Avenue

19. (a) 11-28-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 18 day Thursday
year 1943 hour 8:05 minute _____ P. M.
21. I hereby certify that I attended the deceased from 10-20
1943 to 11-18-1943
that I last saw her alive on 11-18-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to myocarditis
Other conditions no 93a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

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) no
(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?

White at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. D. Bough (M. D. or other)
Address 2202 East 118 Date signed 11-23-43

F. J. Haefer

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..... *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.