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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4822

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:
1330 E. 17th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 22 years

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. 1330 E. 17th St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josie R. Walker

3. (b) If veteran name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1
1943, to Nov 9 1943
that I last saw him alive on Nov 9 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: 7 (Month) 4 (Day) 1872 (Year)

Immediate cause of death: Myocarditis

Due to: Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death): _____

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

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

Major findings: None

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

10. Usual occupation House work

11. Industry or business at home

MOTHER FATHER:

12. Name unknown

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

14. Maiden name unknown

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

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? _____

16. (a) Informant Lorena Malone

(b) Address 1519 Harrison St. St. Louis 8

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director J. H. Jones

(b) Address 2440 State St. N. C. H.

19. (a) 11-15-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. D. Bell (M. D. or other) _____
Address 107 W. 11th St. St. Louis 8 Date signed 11-15-43

Dr. John B. Paul
707 Waldheim Bldg.
6 E. 11th St.

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.....

Eugene English

Licensed Embalmer No. *4165*

P. O. Address *440 State Ave. No.*

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.