

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 61845
Registrar's No. 5033

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 300 Benton Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Approx. 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 300 Benton Blvd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. MARGARET WALKERMAN
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased unknown

8. AGE: Years 70 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Jamestown, New York

10. Usual occupation at home

11. Industry or business _____

12. Name unknown
13. Birthplace Ireland
14. Maiden name No Record
15. Birthplace Ireland

16. (a) Informant Phyllis Patricia Walkerman
(b) Address 319 East 28th Street

17. (a) Removal (b) Date thereof 11/30/43
(c) Place: burial or cremation Jamestown, New York

18. (a) Signature of funeral director Quirk and Rubin Co.
(b) Address 20 West Linwood, K.C., Mo.

19. (a) 11-29-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 29th year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from August 21, 1943 to Sept. 11, 1943; that I last saw her alive on Sept. 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
7 dependent - Cardiac Vascular disease
Due to Coronary Arteriosclerosis
Coronary Arteriosclerosis
Other conditions Pericarditis
(Include pregnancy within 3 months of death)

Major findings: 93d
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Harold N. Roberts (M. D. or other) M.D.
Address 1102 Grand, K.C., Mo. Date signed 11-29-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.