

FILED MAR 3 1945

State File No. \_\_\_\_\_

727

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
119 South Chelsea  
(If not in hospital or institution, write street number or location)

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

In this community 24 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. 119 South Chelsea  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bess Jo Walker

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th.  
year 1945 hour 6 minute 15 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife L. Stanley Walker

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: 2 (Month) 16 (Day) 1892 (Year)

21. I hereby certify that I attended the deceased from 9/14, 1944 to 2/12, 1945  
that I last saw her alive on 2/12, 1945  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>26</u>	hr. _____ min.

Immediate cause of death Retroperitoneal Sarcoma Duration 1 yr

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

10. Usual occupation Housewife

Due to \_\_\_\_\_

Due to 46 hr

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Joseph F. Maxwell

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

14. Maiden name Nancy Evelyn Fiscus

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

Major findings: 9/15/45 Exploratory, - retroperitoneal sarcoma

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. L. Stanley Walker

(b) Address 119 South Chelsea

17. (a) Cremation Date thereof Feb 15-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 2-13-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury no

23. Signature [Signature] (M. D. or other) no

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

Dr. James A. Tesson  
Rialto Bldg. 9th & Grand Ave.  
Vic 2389

130  
3 pm

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 *J. V. Herrick*

Licensed Embalmer No. *9599*

P. O. Address *St. 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.