

FILED AUG 13 1947

Registration District No. 3288

Primary Registration District No. 6225

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs, 3 mos, 12 da
(Specify whether years, months or days)

8. (a) PRINT FULL NAME RICHARD WALKER

8. (b) If veteran, name war V 8. (c) Social Security No. V

4. Sex ms 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Ma Belle (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Sept 25 1912
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business General

12. Name Francis Walker

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

14. Maiden name Ma Belle

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

16. (a) Informant Hospital records
(b) Address Nevada Mo

17. (a) burial (b) Date thereof Aug 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director Humberg
(b) Address Harrisonville Mo

19. (a) 7-31-47 (b) Francis Walker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1947 hour 7 minute PM

21. I hereby certify that I attended the deceased from July 17 to July 31, 1947
that I last saw him alive on July 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Due to V
Due to V

Other conditions Deterioration
(Include pregnancy within 3 months of death)

Major findings: V
Of operations V
Of autopsy V

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?

White at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. Hall (M. D. or other)
Address Nevada Mo Date signed 7-31-47

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

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

RECEIVED
District Health Officer No. 7
7-17-93
District File Number 8-12-47
Date Filed

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 Ernest Rannenburg
Licensed Embalmer No. 3368
P. O. Address Harrisonville 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, above space should be left blank.