

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8674

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 895

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) About 2 1/2 Yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1204 Virginia		d. STREET ADDRESS (If rural, give location) 1204 Virginia	

3. NAME OF DECEASED (Type or Print) Elmer Lee Walker			4. DATE OF DEATH Feb. 23, 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 30, 1922		9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cudahay Packing		11. BIRTHPLACE (State or foreign country) Tupelo, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Paul Walker		13b. MOTHER'S MAIDEN NAME Lucy Baldwin		14. NAME OF HUSBAND OR WIFE Dorothy Walker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 448-16-5251		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucy Elliott-814 S. 13th. St.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>stab wound of chest</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Deputy Coroner</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Kansas City MO</i>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2 23 49</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Struck by Woman</i>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A.E. Upsher		(Degree or title) <i>MD</i>		23b. ADDRESS <i>2800 Main</i>		23c. DATE SIGNED <i>2/26/49</i>	
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24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>2/26/49</i>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <i>Muskogee Okla</i>	
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DATE REC'D BY LOCAL REG. <i>2-25-49</i>		REGISTRAR'S SIGNATURE <i>Stueldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stueldine Holmes</i>		ADDRESS <i>1212 1/2 Ave</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1817 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

E. Sterling Bills
Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas

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.