

STANDARD CERTIFICATE OF DEATH

State File No. 5597

No. 300 10.48

FILED DEC 15 1953

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

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY 10 1/2 d. FULL NAME OF HOSPITAL OR INSTITUTION 3940 McGee Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS 3008 Baltimore

3. NAME OF DECEASED a. (First) Alma b. (Middle) Matilda c. (Last) Walker 4. DATE OF DEATH Nov. 24 1953

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 2 8. DATE OF BIRTH 25 Dec. 1874 9. AGE 78

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY x x x 11. BIRTHPLACE Sweeden 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME A. ROSS 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Charles Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 3008 Baltimore Salem Rest Home K.C. Mo

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1953, to Nov. 24, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Herbert Shuey (Degree or title) M.D. 23b. ADDRESS 3903 Brooklyn K.C. Mo 23c. DATE SIGNED 11-26-53

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 11-27-53 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope 24d. LOCATION (City, town, or county) (State) Kansas City Kans.

DATE REC'D BY LOCAL REG. 11-27-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapel K.C. Mo

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 Ross Blanford

Licensed Embalmer No. 4015

P. O. Address KC 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.