

Registration District No. **1399**

Primary Registration District No. **1002**

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

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: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)
In this community **19 years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Joseph P. Walzem** **425**

3. (b) If veteran, name war **XX**
3. (c) Social Security No. **495-01-4130**

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs Lena Walzem**
6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Nov. 25 1874**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **14**
If less than one day hr. min.

9. Birthplace **Warsaw Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employee**

11. Industry or business **Whitaker Battery Co.**

MOTHER FATHER

12. Name **Peter Walzem**

13. Birthplace **Germany**
(State or foreign country)

14. Maiden name **Emma Dewilde**

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

16. (a) Informant **Mrs. Lena Walzem**

(b) Address **3611 Baltimore**

17. (a) **Removal** (b) Date thereof **8-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edina, Mo.**

18. (a) Signature of funeral director **Wagner Funeral Home**
(b) Address **Kansas City, Mo.**

19. (a) **Aug. 10, 1940** (b) **M. M. Craue**
(Date received local registrar) (Registrar's signature)

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. **3611 Baltimore**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **9th**
year **1940** hour **2** minute **40** P.M.

21. I hereby certify that I attended the deceased from **Aug 5, 1940**
to **Aug 9, 1940**

that I last saw him alive on **Aug 9, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Peritonitis** Duration **3 days**

Due to **Intestinal obstruction** Duration **3 days**

Due to **Interruption of small intestine** Duration **2 days**

Other conditions **12. 20**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Interruption of small intestine**
Of autopsy **Tenacled peritonitis and congestion of viscera**

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury **!**

23. Signature **Harold F. Flowers** (M. D. or other)
Address **522 Reg Bldg K. Mo** Date signed **8/19/40**

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 A. R. Haunschel

Licensed Embalmer No. 4159

P. O. Address K. 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, above space should be left blank.