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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10890

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

Registration District No. 398

Primary Registration District No. 2019

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Independence Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 year. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 4433 N. K.C. Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Elizabeth J. Walters

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2  
year 1941 hour 10 minute 52 A.M.

21. I hereby certify that I attended the deceased from April 1 to April 1, 1941  
that I last saw her alive on April 1, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife Richard J. Walters

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

7. Birth date of deceased: October 12 1860  
(Month) (Day) (Year)

Immediate cause of death  
Coronary thrombosis

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

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

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

8. AGE: Year 80 Months 6 Days — If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs. Walter Johannes

(b) Address 4433 N. K.C. Mo.

17. (a) Burial (b) Date thereof 4/4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colorado Springs, Mo.

18. (a) Signature of funeral director Leeds & Specks

(b) Address Independence, Mo.

19. (a) April 2, 1941 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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? 31a D

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature James J. ... (M. D. or other) \_\_\_\_\_  
Address Mo 21971 Date signed 4/2/41

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Roland Banks

Licensed Embalmer No. 3604

P. O. Address Independence

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**