

No. 2
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1843
FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2252

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution:
4626 East 7th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **69 years**
years, months or days

3. (a) PRINT FULL NAME **Andrew J. Walters**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **430-16-0069**

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

6. (b) Name of husband or wife **Mamie Walters** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **August 3, 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	10	8	_____ hr. _____ min.

9. Birthplace **St. Charles, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Linotype Operator**

11. Industry or business **Kansas City Star**

12. Name **Andrew J. Walters, Sr.**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Utt**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mamie Walters**

(b) Address **4626 East 7th Street**

17. (a) **Burial** (b) Date thereof **6-13-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) **6/27/1941** (b) **M. M. Crowe**
(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. **4626 East 7th St.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**
year **1941** hour _____ minute **9:15 P.**

21. I hereby certify that **Andrew J. Walters** deceased from _____, 19____, to _____, 19____; that he was **living** alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pulmonary edema
Acute coronary occlusion
Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death)
94 W

Major findings:
Of operations _____

Of autopsy _____

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, _____ industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature **Walter H. Pugh** (M. D. or other) **0**
Address **W. H. Pugh** Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.