

Registration District No. **399**

Primary Registration District No. **1002**

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:
2114 E. 16th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **23 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Benjamin F. Walton, Sr**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Jessie Walton** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **May 17, 1881**
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 60 | 7 | 5 | hr. min. |

9. Birthplace **Tyler Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dining Car Waiter**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Louise Crawford**

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

16. (a) Informant **Jessie Walton**

(b) Address **2114 East 16th St.**

17. (a) **burial** (b) Date thereof **12/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Hobbs Bros.**
1729 Lydia

(b) Address _____

19. (a) **12/23-41** (b) **m m crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **2114 East 16th St.**
(If rural, give location) **8**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12-22-41**
year _____ hour _____ minute **15 A** M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Pulmonary Edema**
Hypertensive Hypocadly

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **III B**

Of operations _____

Of autopsy _____

Duration _____

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 **[Signature]** (M. D. or other) **3**

Address _____ 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

J. Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.