

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days,
(Specify whether
In this community 6 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County Doniphan
(c) City or town Bendena,
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Howard Bainum Walter,

(b) If veteran, name war None,
(c) Social Security No. 510-18-0564

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Fannie Walter, 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July 31st, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 26 hr. min.

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

10. Usual occupation Field Representative,

11. Industry or business "Swine World Magazine"

MOTHER FATHER { 12. Name Thomas S. Walter,
13. Birthplace Unknown, Indiana,
(City, town, or county) (State or foreign country)
14. Maiden name Sadie Sherman,
15. Birthplace Unknown, Indianan,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.B. Walter
(b) Address Bendena, Kansas,

17. (a) removal (b) Date thereof 2/27/42,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas,

18. (a) Signature of funeral director Heaton B. Baker

(b) Address 319 S. 10th Street, Home

19. Feb. 27, 1942 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th.
year 1942 hour 2:00 minute 10 am.

21. I hereby certify that I attended the deceased from Feb 21
1942, to Feb 27, 1942
that I last saw him alive on Feb 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: disintegrated obstruction of the mesenteric vessels.
Due to 99!!

Other conditions: Partial obstruction of transverse colon due to old adhesions

Major findings: Of operations: mesenteric thrombosis.
Of autopsy: mesenteric thrombosis.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

While at work? (Specify type of place) (e) Means of injury D

23. Signature [Signature] (M. D. or other) MD
Address 301 N. 8th Street, Home Date signed Feb 27, 42

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 2-27-4

....., Registered Apprentice No.

working under my personal supervision.

Signed: Wm E. Summerfield

Licensed Embalmer No. 3087

P. O. Address 319 So 10th St Memphis TN

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.