S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9480

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1258

48
3
8

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:
125 North Van Brunt Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ////////
(Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 125 North Van Brunt Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- 0

3. (a) PRINT FULL NAME Mr. Walter Stone Bechtel

3. (b) If veteran, name war World War No.1 3. (c) Social Security No. 486-10-9466

4. Sex Male 0 5. Color or race White 1 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Florence Bechtel 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May (Month) 7 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	10	22	hr. min.

9. Birthplace Eldorado Springs (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Group Merchandiser

11. Industry or business Montgomery Ward & Co.

FATHER
12. Name Amos Bechtel
13. Birthplace Versailles (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Joan Moore
15. Birthplace Tipton (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant W. Stanley Bechtel
(b) Address 125 No. Van Brunt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1942 hour 5 minute 30 P.M.

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

Immediate cause of death Acute Pulmonary Edema

Due to Chronic Myocarditis

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

93d

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Russell W. Fern (M. D. or other)
Address Kan Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

Mrs. C. H. Rose
103 N. Elmwood
1:35 Pm

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. 3965

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.