S. No. 2
—4-13-40
. 5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10589

State File No.

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 39

24
1
1

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo. Jun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month, 21 days (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2807½ Benton Plaza, 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years. 1

3. (a) PRINT FULL NAME Max Walder
3. (b) If veteran, name war Philippine Insurrection
3. (c) Social Security No. 486-01-1729
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy L. Walder
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Aug. 4, 1877 (Month) (Day) (Year)
8. AGE: Years 64 Months 6 Days 26 If less than one day hr. min.
9. Birthplace Brooklyn, New York (City, town, or county) (State or foreign country) 1
10. Usual occupation Work Projects Administration Foreman
11. Industry or business WPA
FATHER
12. Name Gustav Walder
13. Birthplace Germany (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Johanna Gomora
15. Birthplace Europe-place unk. (City, town, or county) (State or foreign country) 1
16. (a) Informant Hospital Records, Veterans Administration
(b) Address Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kansas
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri
CLAUDE PRICHARD
19. (a) 3-2-42 (Date received local registrar) (b) Mo Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2d year 1942 hour 3:00 minute A. M.
21. I hereby certify that I attended the deceased from January 9, 1942 to March 2, 1942; that I last saw him alive on March 2, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive & Coronary Arteriosclerotic Disease of the Heart with Cardiac Enlargement
Due to Myocardial Fibrosis, Myocardial Insufficiency and Anginal Syndrome, class III
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94a
Of autopsy As shown above

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 E. A. Welch (M. D. or other) MD
E. A. WELCH, M.D.
Address Veterans Administration Date signed 3-2-42
Excelsior Springs, Mo.

11 PM

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Mo.

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.