

Registration District No. **149**

Primary Registration District No. **1002**

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:
4001 Chestnut /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or days)

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. **4001 Chestnut**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Frank B. Walbridge**

3. (b) If veteran, name war **Spanish American**

3. (c) Social Security No. **712-03-1964**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nellie B. Walbridge**

6. (c) Age of husband or wife if alive **54 5/8** years

7. Birth date of deceased **July 29 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	0	25 26	hr. min.

9. Birthplace **Otoe County Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired R. R. Conductor**

11. Industry or business **Union Pacific R. R.**

12. Name **Martin R. Walbridge**

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

14. Maiden name **Ellen Cherry**

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

16. Informant **Nellie B. Walbridge**

17. Address **4001 Chestnut**

18. (a) **Removal** (b) Date thereof **8-26-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

19. (a) **Wyoming, Otoe Co., Neb.**

Signature of funeral director **Freesman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **8-25-42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24th** day **August** year **1942** hour **8** minute **5** M

21. I hereby certify that I attended the deceased from **Sept 10th** 19**35** to **8-24** 19**42**

that I last saw him alive on **8-19** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **4500**

Due to

Other conditions **Coronary Occlusion**
(Include pregnancy within 3 months of death)

Major findings **Sept 10th 1935**
Of operations **Primary coronary lip**

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, in industrial place, in public place?

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

23. Signature **M. M. Browne** (M. D. or other) **M.D.**
Address **1034 Resisto Bldg** Date signed **8-24-42**

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

Can - by register of death 9-1-42
H.C.S. 11-1-42

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.....

Clemens H. Chiles

Licensed Embalmer No.....

3473

P. O. Address.....

76 e 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ^{SS}

State File No. 26525
Local Registrar's No. 3123-42

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6 day of January, 1948, before me appears Mrs.
Frank B. Walbridge No, upon her oath, states that the original record of ~~birth~~ death
for Frank B. Walbridge ^{born} Aug 24, 1942 in the State of
Missouri, and which was filed at K. C. Mo. on 8-25, 1942, should be corrected as follows:

- Item No. 6 C should read 59
Instead of 54
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Frank B. Walbridge self
Relationship _____
4001 Chestnut
Present Address.

Subscribed and sworn to before me this 6 day of January, 1948

My Commission expires Oct. 21, 1951 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

