

FILED DEC 28 1942

Registration District No. **149**

Primary Registration District No. **1002**

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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days** (Specify whether
In this community **Unknown** 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. **2000 Benton** (If rural, give location)
(e) Citizen of foreign country? **Unknown** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Walter Fortner**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **N** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **No record** (Month) (Day) (Year)

8. AGE: Years **72** Months **No record** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **No record** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
12. Name **No record**
13. Birthplace **No record** (City, town, or county) (State or foreign country)
14. Maiden name **No record**
15. Birthplace **No record** (City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**
(b) Address **K.C. General Hospital**

17. (a) **Anatomical** (b) Date thereof **12-17-42** (Month) (Day) (Year)

(c) Place: burial or cremation **K.C. College of Osteo**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **2332 Monitor Place: K.C. Mo.**

19. (a) **12-19-42** (b) **In M. Crowe** (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5th** year **1942** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **11-27-42** 19____ to **12-5-42** 19____; that I last saw him alive on **12-5-42** 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **EMPHYSEMA OF LUNGS**

Due to **110a**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **None**

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? _____

(Specify type of place) While at work? _____ Means of injury _____
23. Signature **Walter K. Fortner** (M. D. or other) _____
Address **Dir. K.C. Gen. Hospital, K.C. Mo.** 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 Blaine E. Walker

Licensed Embalmer No. 4075

P. O. Address K. C. 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.