

Registration District No. **149** Primary Registration District No. **1002**

**FILED JAN 11 1943**

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:  
**St Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days**  
(Specify whether years, months or days) **68 yrs**

3. (a) PRINT FULL NAME **Charles H. Walters**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, divorced, **Married**  
6. (b) Name of husband or wife **Minnie Walters** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **Feb. 17 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **7** Days **10** If less than one day hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Dpty. Sherriff**

11. Industry or business

MOTHER FATHER {  
12. Name **No Record**  
13. Birthplace **no Record** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace **No Record** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Walters**  
(b) Address **508 Brooklyn**

17. (a) **Burial** (b) Date thereof **Dec 30 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Mrs C.L. Forster**  
(b) Address **918 Brooklyn**

19. (a) **12-28-42** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

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") 8  
(d) Street No. **508 Brooklyn**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **27**  
year **1942** hour **4** minute **18 P.** M.

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

Immediate cause of death **Auto Traumatism**  
**Compound Fractures of both legs.**  
**Sub-dural hematoma.**  
Other conditions **170c b**  
(Include pregnancy within 3 months of death)

Major findings: **22**  
Of operations  
Of autopsy **See above**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Acc** 123  
(b) Date of occurrence **Dec 25 1942**  
(c) Where did injury occur? **K. C. Jackson Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place** **Auto**

While at work? (Specify type of place) **Auto**  
Means of injury **Injuration**  
23. Signature **A. E. Usher M.D.** (M. D. or other)  
Address **2312 McLeary** Date **12/28/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. Edwin Shippard  
Licensed Embalmer No. 24179  
P. O. Address F. C. Me.

**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.**