

FILED JUN 24 1948

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2649

1. PLACE OF DEATH:

(a) County. Jackson Co
(b) City or town. Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Luke Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 17 Days (Specify whether
In this community. 17 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Holt Co
(c) City or town. Oregon (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. Robert B Walters

3. (b) If veteran, name war. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife. Ella 6. (c) Age of husband or wife if alive. 64 years

7. Birth date of deceased. Feb. 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 Mo 4 Days hr. min.

9. Birthplace. Greathend Ks. (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Elias Walters

13. Birthplace. Bithpalse Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name. Elenora Kennedy

15. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Ella Walters

(b) Address. Oregon Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof. 6 11 43
(Month) (Day) (Year)

(c) Place: burial or cremation. Oregon Mo

18. (a) Signature of funeral director. James P. Pritchard

(b) Address. Oregon Mo

19. (a) 6-11-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. June 11 day. year. 1943 hour. 7 minute. 50 A. M.

21. I hereby certify that I attended the deceased from June 8 1943 to June 11 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Pericystic abscess.

Due to. Perforated bladder diverticulum

Due to. 1050

Other conditions. (Includes pregnancy within 3 months of death) 155a

Major findings: Of operations. Perivesical abscess

Of autopsy. As above.

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) (c) Means of injury

23. Signature. H. E. Carlin (M. D. or other) MD

Address. 1530 Prof Bldg Date signed 6/11/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Handwritten notes and scribbles at the top of the page, including the number '11' and some illegible text.

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 Willie

NA, Registered Apprentice No. _____
working under my personal supervision.

Signed James H. Pettigrew
Licensed Embalmer No. 3192
P.O. Address Oregon Ms

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.