S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10188

State File No. 1222

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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~~ 7-DAYS (Specify whether years, months or days)
In this community 36 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 3
(c) City or town KANSAS CITY 5
(If outside city or town limits, write "RURAL")
(d) Street No. 4007 EUCLID AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME MRS. MARY EMMA VIALL
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. LEVVIS L. VIALL
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased OCTOBER (Month) 12 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	2	hr. min.

9. Birthplace OSKALOOSA (City, town, or county) IOWA (State or foreign country) 1
10. Usual occupation HOUSEWIFE
11. Industry or business ----- 0
FATHER
12. Name ENOS W. WINTERMUTE
13. Birthplace UNIONTOWN (City, town, or county) PENNSYLVANIA (State or foreign country) 1
MOTHER
14. Maiden name DOLLIE A. FENDERSON
15. Birthplace AUGUSTA (City, town, or county) MAINE (State or foreign country) 1
16. (a) Informant Ernest H. Viall
(b) Address 7442 Wayne
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH-17-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. Mar 17-1944 (Date received local registrar) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14TH year 1944 hour 11 minute 42 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... Deputy Coroner ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchopneumonia
Due to Fracture Right Shoulder
Due to Injury By Fall
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 1944
(c) Where did injury occur? Kansas City (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO (Specify type of place)
While at work? (e) Means of injury Trauma
23. Signature A. E. Gosher D.O. (M. D. or other)
Address 22 W. 7th Day Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Reno.

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.