

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1952

1. PLACE OF DEATH: Jackson
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1528 Benton /
(d) Length of stay: In hospital or institution 26 years
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1528 Benton
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Jessie Walton
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benj. F. Walton
6. (c) Age of husband or wife if alive years 20, 1885
7. Birth date of deceased December 20, 1885

8. AGE: Years 58 Months 4 Days 10
If less than one day hr. min.

9. Birthplace Troupe Texas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name L. L. Hamilton
13. Birthplace Tenn.
14. Maiden name Dora Kay
15. Birthplace Tyler Texas

16. (a) Informant Dora Louise Feltz
(b) Address 1528 Benton

17. (a) burial (b) Date thereof 5/4/44
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 5-4-44 (b) D E Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1st
year 1944 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from
that I last saw her alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Asphyxiation
Due to
Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature
Address
Date

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

48
016

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

P. L. Turner, M. D.

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 *J. J. Manlowe*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.