DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17105

Primary Registration District No. 1002

Registrar's No. 2167

1. PLACE OF DEATH:
(a) County Jackson
(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: The Mayo Clinic 3100 EUCLID
(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)
In this community 25 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County JOHNSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5324 ABERDEEN ROAD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. WALTER C. MARSHALL
3. (b) If veteran, name war No
3. (c) Social Security No. 496-05-4901
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MRS. MAYME MARSHALL
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased OCTOBER (Month) 11 (Day) 1883 (Year)

8. AGE: Years 60 Months 7 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace CLIFTON (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation DRUGGIST & MANAGER
11. Industry or business GEO. C. FOY REXALL DRUG STORE
12. FATHER Name GEORGE MARSHALL
13. Birthplace SOUTH LYON (City, town, or county) MICHIGAN (State or foreign country)
14. MOTHER Maiden name EMMA JANE KISBY
15. Birthplace SOUTH LYON (City, town, or county) MICHIGAN (State or foreign country)
16. (a) Informant MRS. MAYME MARSHALL
(b) Address 5324 ABERDEEN ROAD - K.C. KAN.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-20-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEM.
18. (a) Signature of funeral director W. H. Newcomer Sons
(b) Address 1401-13 BRUSH CREEK BLVD.
19. (a) 5-19-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1944 hour 8 minute 55 a.m.
21. I hereby certify that I attended the deceased from May 16th, 1944, to May 15th, 1944; that I last saw him alive on May 15th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	Sudden
Due to: Influenza & Cerebral Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: G/A	
Of autopsy:	

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? — (e) Means of injury —

23. Signature Harmon S. Mayo (M. D. ~~or other~~)
Address 3100 Euclid Ave KC Mo Date signed 5/18/44

(Licensed Embalmer's Statement on Reverse Side)

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

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. 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.

State of Mo
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 17105 41
Local Registrar's No. 2167-44

On this 12 day of Aug, 1949 before me appears Mayme A. Marshall, who, upon her oath, states that the original record of ~~birth~~ death for Walter C. Marshall ~~born~~ died 5-18, 1944, in the State of Missouri, and which was filed at K C Mo on 5-19, 1944 should be corrected as follows:

Item No. 6 should read 59
Instead of 58

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mayme A. Marshall
Relationship.

544 8 Aberdeen Rd.
Present Address. KC Ks

Subscribed and sworn to before me this 12th day of August, 1949

My Commission expires Oct. 21, 1951 Carile M. Ruppline Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M 4-43
X38667