

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23924**  
Registrar's No. **3073**

**FILED AUG 9 1944**  
Registration District No. **9/1944**

Primary Registration District No. **1002**

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:  
**General Hospital #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6-25-44-7-20-44**  
(Specify whether  
In this community **2 months**  
years, months or days)

3. (a) PRINT FULL NAME **James Walters**

3. (b) If veteran, **None** name war

3. (c) Social Security **Unknown** No.

4. Sex **Male** race **Col**

5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 23, 1914**  
(Month) (Day) (Year)

8. AGE: Years **30** Months **0** Days **27** If less than one day  
hr. min.

9. Birthplace **Checota Oklahoma**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Brown Walters**

13. Birthplace **La.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Green**

15. Birthplace **La.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Walters**

(b) Address **1717 Lydia**

17. (a) **removal** (b) Date thereof **7/25/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muskogee, Oklahoma**

18. (a) Signature of funeral director **Starkins Bros**

(b) Address **1729 Lydia**

19. (a) **7-25-44** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1407 East 17th St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**  
year **1944** hour **11:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 25**  
19 **44** to **7-20**, 19 **44**

that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Advanced Pulmonary Tbc with Cavitation**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: **13 lb!**  
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? \_\_\_\_\_  
(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) (Means of injury)

23. Signature **[Signature]** (M. D. or other)

Address **Gen. Hosp #2 602 E. 22nd** Date signed **7/25/44**

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

Signed.....

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.**