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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Walt Jackson Sousley

(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:  
6936 E 13th St.,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether  
In this community 25 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 6936 E 13th St.,  
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Lee Sousley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Anna Sousley

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 12-9-1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Morgan Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name William Thomas Sousley

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

14. Maiden name Sarah Ferris

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

16. (a) Informant Jess Sousley (son)

(b) Address 4015 E 58th St., K. C. Mo.

17. (a) Burial (b) Date thereof 11-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravois Mills, Mo.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 11-16-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15  
year 1944 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct. 16  
1944 to Nov. 15 1944  
that I last saw him alive on Nov 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & paralysis Duration 2 years

Due to Arterio Sclerosis  
high blood pressure

Other conditions (Include pregnancy within 3 months of death) 830

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? \_\_\_\_\_ (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) (e) Means of injury \_\_\_\_\_

23. Signature E. H. Reiling (M. D. or other) \_\_\_\_\_

Address 211 North Blvd. Date signed Nov 16

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

Dr. Zillinger - Argyle Bldg.,  
Any time after 11 AM

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**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: *John P. Sheel*

Licensed Embalmer No. *3625*

P. O. Address.....

**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.**