

FILED DEC 22 1944

State File No.

4985

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:
3726 Madison Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

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. 3726 Madison Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Walter T. Stinson

3. (b) If veteran, name war no

3. (c) Social Security No. 791-07-7676

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary G. Stinson
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased: May 1st 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Milan, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Pratt-Whitney

12. Name John W. Stinson

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

14. Maiden name Mary Alice Kiser

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

16. (e) Informant Mrs. Mary G. Stinson

(b) Address 3726 Madison Avenue

17. (a) Burial (b) Date thereof 12-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 12-9-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1944 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov 130
1944, to Dec 6, 1944
that I last saw him alive on Dec 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Duration 5 min
Due to Coronary atherosclerosis about 6 mo?
Due to Diabetes about 6 mo?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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?

While at work? (Specify type of place) Means of injury

23. Signature J. E. Schorn (M. D. or other) MD.
Address 243 W. 13th Bldg Date signed 12-7-44

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

MOTHER FATHER

KCorno

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

Walter H. Crwin

Licensed Embalmer No.

4352

P. O. Address

Kansas City, 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.