

FILED JAN 17 1945, 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

WRITE PLAINLY--USE UNFAADING 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:  
**Wheatley Provident Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12/22 to 12/29**  
**24 years 0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **42**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **2021 Troost**  
(If rural, give location) **5**

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Viola Walls**

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

3. (c) Social Security No. **None**

4. Sex **2 Fe**

5. Color or race **Col**

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

6. (b) Name of husband or wife **Benjamin F. Walls**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **November 18, 1907**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>37</b>	<b>1</b>	<b>11</b>	hr. _____ min. _____

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

10. Usual occupation **At Home**

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

MOTHER FATHER { 12. Name **John Brown**

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

14. Maiden name **Lou Broadus**

15. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Benjamin F. Walls**

(b) Address **2021 Troost**

17. (a) **burial** (b) Date thereof **Jan. 2, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

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

(b) Address **1729 Lydia**

19. (a) **12-31-44** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **29th**  
year **1944** hour **9:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 27** 19**44** to **Dec 29** 19**44**  
that I last saw **her** alive on **Dec 28** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Regurgitation**

Due to **Acute Arteriosclerosis**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death) **92 1/2**

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 \_\_\_\_\_

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 **0**

23. Signature **J. W. Brown** (M. D. or \_\_\_\_\_)  
Address **1705 S 12** Date signed **Jan 2-45**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

G. H. Brown

---

**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.....

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.**