S. No. 2
DM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

Registration District No. 179

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16109

Primary Registration District No. 1602

Registrar's No. 2233

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: 3517 Holmes (If not in hospital or institution, write street number or location)

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

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.: 3517 Holmes (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: George E. ~~Wallick~~ Wallich

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Wallich May ~~Wallick~~

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

7. Birth date of deceased: May (Month) 7 (Day) 1858 (Year)

8. AGE: Years 87 ~~86~~ Months 0 Days ~~14~~ 15 If less than one day hr. min.

9. Birthplace: New York (City, town, or county) (State or foreign country)

10. Usual occupation: Retired.

11. Industry or business: x

12. Father's name: Charles ~~Wallick~~ Wallich

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

14. Maiden name: Lena unknown, Oettinger

15. Birthplace: Germany (City, town, or county) unknown. (State or foreign country)

16. (a) Informant: Mrs. May ~~Wallick~~, Wallich

(b) Address: 3517 Holmes St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day ~~21~~ 22 year 1945 hour 2:00 minute 45 ~~A.M.~~ P.M.

21. I hereby certify that I attended the deceased from February, 1945, to May 21, 1945 that I last saw him alive on May 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure

Due to: Terminal Bronchial pneumonia

Due to: Arteriosclerosis + senility

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: —

Duration

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: Howard U. Kennedy (M. D. ~~or other~~)

Address: St. Luke's Hospital Date signed 5/21/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kennedy

Plaza Med

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 S. J. Allen

Licensed Embalmer No. 1415

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson

State File No.
Local Registrar's No. 2233

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of November, 1945, before me appears Mrs. May Wallich, who, upon her oath, states that the original record of ~~birth~~ death for George E. Wallich, ~~born~~ died May 22, 1945 in the State of Missouri, and which was filed at K.C. Mo. on 5-22-, 1945, should be corrected as follows:

Item No. 3 should read George E. Wallich
Instead of George E. Wallich

Item No. 6 should read May Wallich
Instead of May Wallick

Item No. 12 should read Charles Wallich
Instead of Charles Wallick

Item No. 14 should read Lena Bettenger
Instead of unknown

Item No. 15 should read Germany
Instead of unknown

Item No. 16 should read Mrs. May Wallich
Instead of Mrs May Wallick

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 Mrs. May Wallich, — wife
Relationship.

3517 Holmes K C Mo.
Present Address.

Subscribed and sworn to before me this 8th day of Nov., 1945.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

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

V. S. 135
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