

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 4 1945 STANDARD CERTIFICATE OF DEATH

23211

State File No. _____
Registrar's No. 3107

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 922 Brooklyn
(d) Length of stay: In hospital or institution 5 yrs
In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 922 Brooklyn
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Mae Walter
(b) If veteran, name war no (c) Social Security No. no.
4. Sex Female 5. Color or race white 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 Oct-27-1888

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22 year 1945 hour 15 minute a- M.
21. I hereby certify that I attended the deceased from June 1940 to July 22 1945 that I last saw her alive on July 21 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 8 Days 25 If less than one day _____ min.

Immediate cause of death Acute Sclerotic Heart 1 day
Due to Chron. Myo-Carditis 5 yrs

9. Birthplace Kansas
10. Usual occupation Housework
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 932

MOTHER FATHER
12. Name Henry Walter
13. Birthplace Germany
14. Maiden name Annie Combs
15. Birthplace Kansas

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs Etta Billings
(b) Address Ft. Scott Kansas
17. (a) Burial (b) Date thereof July 25-1945
(c) Place: burial or cremation Maple Hill Cem. Hk.

23. Signature J. B. Donaldson (M. D. certificate)
Address 615 Argyle St Date signed 7/23/45

18. (a) Signature of funeral director Mrs C L Foster
(b) Address 918 Brooklyn
19. (a) 7-24-45 (b) Geraldine Holmes

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

Angela Bledy

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.....

Carl David M... ..

..... Licensed Embalmer No.

3414

..... P. O. Address.....

918 Brooklyn

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.

H. C. M...