

FILED SEP 25 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3831

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:  
3015 East 27th St./  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX  
(Specify whether

In this community 6 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3015 E. 27th St. 8  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME MRS. ELVIRA W. WALLS

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe /

5. Color or race Wh

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

6. (b) Name of husband or wife Thomas A. Walls

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

7. Birth date of deceased October 1 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>11</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER {

12. Name No Recrd

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Harry Barnett 1

(b) Address 3015 East 27th St.

17. (a) Removal (b) Date thereof 9-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jameson, Mo.

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 9-15-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day 15th  
year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-1  
1945 to 9-15 1945  
that I last saw her alive on 9-15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease

Duration \_\_\_\_\_

Due to Mitral insufficiency

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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)

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

23. Signature Charles M. ... 100  
(M. D. or other)

Address 3210 E. 27th St Date signed 9-15-45

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

**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 Alvin R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address. Kansas City

**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.**