

S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1849
Registrar's No. 237

FILED JAN 31 1946

Registration District No. 149 Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING 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:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether
 In this community all her life
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. 2235 East 68th Terrace,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Pearl Walter
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.
 female / housewife 5. Color or race white 6. (a) Single, widowed, married, divorced married
 Sex housewife 6. (b) Name of husband or wife Eugene Walter 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased March 25 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 13 year 1946 hour 8:00 minute A. M.
 21. I hereby certify that I attended the deceased from Dec. 21, 1945, 1946 to Jan 13, 1946
 that I last saw her alive on Jan. 12, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Thrombosis Dysrhythmia

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>18-19</u>	hr. <u> </u> min. <u> </u>

Due to Hypertension Yes
 Due to Arteriosclerosis
 Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation at home,

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

11. Industry or business X
 12. Name Joseph Hendrickson
 13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)
 14. Maiden name unknown,
 15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Walter
 (b) Address 2235 E. 68th Ter., Kansas City,
 17. (a) burial (b) Date thereof 1-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no.
 (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

(c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 1-15-46 (b) Seraldine Holmes
(Data received local registrar) (Registrar's signature)

23. Signature R. B. Boyer, D. O. (M. D. or other)
 Address 1009 E. 47th St. K.C. 4 Mo. Date signed 1/14/46

Dr. A. B. Boyer.

1009 F 47

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.....

[Handwritten Signature]

Licensed Embalmer No. 1415

P. O. Address 19, E, W. B.

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.