

FILED JUL 2 1946

Registration District No. 199 Primary Registration District No. 1002

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:
3230 Benton Boulevard
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community 60 years

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. 3230 Benton Boulevard **8**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Mrs. Dora WALKENHORST
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Herman Walkenhorst
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 25 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 10 23 hr. min.

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

10. Usual occupation At home

11. Industry or business At home

MOTHER FATHER
 12. Name William Straata
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred H. Walkenhorst
 (b) Address 6030 Indiana Ave., K.C., Mo

17. (a) Burial (b) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler
 (b) Address 1800 E. Linwood Boulevard

19. (a) 6-19-46 (b) Geraldine Holand
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 18
 year 1946 hour 3 minute 55 P. M.
 21. I hereby certify that I attended the deceased from Jan 1
1946 to June 18, 1946
 that I last saw her alive on June 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver over 6 Mo
 Duration

Due to
 Due to

Other conditions 468
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 468
 Of operations
 Of autopsy
 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 0

23. Signature S. W. Fair M.D. (M. D. or other)
 Address 404 1/2 W 76th St. C.M.O. Date signed 6/19/46

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

10-10-46

404 1/2 W. 75th
aptn 1130

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 *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *H. C. 7mo*

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.