

FILED APR 8 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1439

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:
2829 East 6th Street, /
(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) 76 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. 2829 East 6th Street, 8
(If rural, give location) 0

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

If yes, name country X

3. (a) PRINT FULL NAME Harry E. Wallingford

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

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Minnie P. Wallingford

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased November 10 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>15</u>	hr. min.

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

10. Usual occupation Live Stock Commission

11. Industry or business X

MOTHER FATHER

12. Name Irvin Wallingford

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

14. Maiden name Elizabeth Calsby

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

16. (a) Informant Loren Wallingford

(b) Address 5319 Park, Kansas City, Mo.

17. (a) burial (b) Date thereof 3-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 3-27-47 (b) Shiraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 3:57 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 to 3/25 1947
that I last saw him alive on 3/24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. Prusato
Uremia

Due to _____

Due to _____

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

Major findings: 5/8

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed 3/27/47

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

Dr. Trippe

11
August

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 J. Clair Sheppard
Licensed Embalmer No. 4179
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.