. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38551

FILED DEC 9 1947

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 355

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Ru
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep. Sanitarium & Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days. (Specify whether
In this community 30 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Inter-City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1250 Home. Independence Mo
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country --

3. (a) PRINT FULL NAME Elaine Walo
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 Married
6. (b) Name of husband or wife Alexander Walo
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 17 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	7	11	hr. min.

9. Birthplace Kansas City, Kansas.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Peter Erickson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lottie Anderson
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
16. (a) Informant Alexander Walo
(b) Address 1250 Home
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Dixon L. Kepley
(b) Address Independence, Missouri
19. (a) 11-30-47 (Date received local registrar) (b) [signature] (Registrar's signature) 3544

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1947 hour 7 minute 10 a. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory Failure	
Due to Multiple emboli to	
Due to Brain, Lungs, Kidney	
Other conditions Rheumatic Heart	
(Include pregnancy within 3 months of death) Disease - B	

Major findings:
Of operations 95
Of autopsy See Above

PHYSICIAN
Underline the cause of 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? (Specify type of place) 11
While at work (e) Means of injury
23. Signature A E Upsher (M. D. or other) MD
Address 2800 Main Date signed 11/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1937

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 Dale A. Oldfield, Registered Apprentice No. 31, working under my personal supervision.

Signed Dixon L. Keeley

Licensed Embalmer No. 4225

P. O. Address Independence, Missouri.

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.