. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41635
Registrar's No. 5248

FILED DEC 26 1947
Registration District No. 149

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 558 Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 558 Main St 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edmund Clemons DeWall
3. (b) If veteran, name war no
3. (c) Social Security No. 491-20-5753

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced unk 9
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 1880 (Month) (Day) (Year)

8. AGE: Years 67 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Do not know 9
(City, town, or county) (State or foreign country)
10. Usual occupation Do
11. Industry or business Do
FATHER
12. Name not 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Jack Wentzel
(b) Address 881 S Albany Chicago Ill
17. (a) Remale (Burial, cremation, or removal) (b) Date thereof Dec 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary K Ck
18. (a) Signature of funeral director Passantino Bros
(b) Address K C MO
19. (a) 12-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from Coroner, 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 Coronary sclerosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 8 months of death) 93 D	
Major findings: Of operations	
Of autopsy no History + Inspection	

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) 0
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) Coroner
Address 1424 [illegible] Date signed 12-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 F. S. Walton

Licensed Embalmer No. 2744

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.