. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41964

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5572

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: 1030 Charlotte St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") E
(d) Street No. 1030 Charlotte St. (If rural, give location) D
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ——

3. (a) PRINT FULL NAME Herman Walton
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Unknown 9
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown (Month) (Day) (Year)

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

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Dr. J. R. Williams D. Coroner
(b) Address 2636 Brooklyn Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Kans. Univ. Mort. Science
18. (a) Signature of funeral director Cle. Davis
(b) Address 1513 Troost Ave.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 47 hour 1 minute A M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw him alive on ..... 19..., and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to Chronic Alcoholism
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No — Permit

Duration

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)
While at work? (e) Means of injury
23. Signature J. R. Williams (M. D. or other) D.
Address 2636 Brooklyn Date signed

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

(1-6-48)

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 .....

Licensed Embalmer No. 4417

P. O. Address R. 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.