S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1361
Registrar's No. 379

Registration District No. 1499 Primary Registration District No. 1002

48
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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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Johnson 999
(c) City or town: Kansas City, Rural 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 2005 W. 47th St. Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: SAMUEL H. WALES
3. (b) If veteran, name war: No
3. (c) Social Security No. 513-02-1023
4. Sex: Ma
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Josephine Wales
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: August (Month) 27 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 29 If less than one day ... hr. ... min.
9. Birthplace: La Porte (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Coffee Roaster
11. Industry or business: Osgood Coffee Co.
MOTHER FATHER
12. Name: No Record
13. Birthplace: (City, town, or country) (State or foreign country)
14. Maiden name: No Record
15. Birthplace: (City, town, or country) (State or foreign country)
16. (a) Informant: Harry B. Wales
(b) Address: 4753 Rainbow Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director F. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 1-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26th year 1948 hour 4: minute 30 A M.
21. I hereby certify that I attended the deceased from 1946, 19..., to 1-26 1948; that I last saw him alive on Jan 25 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia. terminal	10 days
Due to: Hemoglobin. Hi Kac	12 days
Due to: Arteriosclerosis & Hypertension	15 yrs
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: — 97	
Of autopsy: Same.	

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: 0
23. Signature Frank B. Lutz M.D. (M. D. or other) G.P.
Address 924 Ry Bldg K.C. Mo. Date signed 1-28-48

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

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

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.