. S. No. 300
0M—10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8958

FILED MAR 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1044

18
3
8

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

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: 300 NORTH LAWN AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 49 YEARS
years, months or days)

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. 300 NORTH LAWN AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ---- 0

3. (a) PRINT FULL NAME MRS. MARY EMMA WALTERMIRE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. MARCUS L. WALTERMIRE

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

7. Birth date of deceased DECEMBER (Month) 2 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	3	1	hr. min.

9. Birthplace QUINCY (City, town, or county) ILLINOIS (State or foreign country) 1

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name JOHN T. WILSON 9
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN BAKER 11
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MR. PAUL WALTERMIRE

(b) Address 300 NORTH LAWN AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH-6-1948 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 3-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3RD year 1948 hour 9 minute 45A.M.

21. I hereby certify that I attended the deceased from Aug 1-47 ~~Mar 3~~, 19__, to Mar 3, 1948 that I last saw her alive on Mar 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia lobar.	3 weeks
Due to Paralysis (Cerebral hemorrhage 10 yrs. ago)	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. L. St. Clair (M. D. or other)

Address 5242 St. John Date signed 3/4-48

(Licensed Embalmer's Statement on Reverse Side)

5242 St. John Avenue
1-4

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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address KC 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.