

S. No. 300
M-10-47
v. 5-17-39
I. 3906

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JUN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19712
State File No. _____
Registrar's No. 2445

Registration District No. 149

Primary Registration District No. 1002

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:
1217 LINWOOD BLVD. 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 24 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 LINWOOD BLVD. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME MRS. SOPHIA WALTERS

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 WIDOWED

6. (b) Name of husband or wife MR. BJORN FREEMAN WALTERS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 1 - 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 8 If less than one day hr. min.

9. Birthplace ICELAND (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE AT HOME

11. Industry or business

12. Name HALLDOR WALTERS

13. Birthplace ICELAND (City, town, or county) (State or foreign country)

14. Maiden name W. H. H. W. W. (City, town, or county) (State or foreign country)

15. Birthplace UNK (City, town, or county) (State or foreign country)

16. (a) Informant Sigvard Walters (b) Address 1217 Linwood Blvd

17. (a) REMOVAL (b) Date thereof Jan 10 1948 (c) Place: burial or cremation MILWAUKEE, WIS CONIN

18. (a) Signature of funeral director J. N. Newcomer (b) Address 1401 BRUSH CREEK BLYD.

19. (a) 6-10-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9TH year 1948 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 16 1948 to June 9 1948 that I last saw her alive on June 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum 2yrs

Due to _____

Due to _____

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations 46-2

Of autopsy: None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. N. Bennett (M. D. or other) R.C. M.D. Address 822 Arroyo Bldg Date signed 6-10-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

8220
16004
Dental
1

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 Robert Ray

Licensed Embalmer No. 4182

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.