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

FILED SEP 4 1948

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:
5212 East 54th 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 36 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. 5212 East 54th 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME WALTER H. CONE

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Cone 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 8 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 9 hr. min.

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

10. Usual occupation Retired

11. Industry or business Plasterer Contractor

12. Name Albert Cone 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. May Cone

(b) Address 5212 East 54th St. K. C. Mo

17. (a) Burial (b) Date thereof Aug 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 8-18-48 (b) Sheraldus Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 17 1948, 1948, to Aug 17 1948, 1948
that I last saw him alive on Aug 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Myocarditis 5 yrs
Due to Arterio Sclerosis 10 yrs

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 9.3.0
Of autopsy no

Duration
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? _____

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

23. Signature W. J. Seibel (Name or other)
Address 4000 Baltimore 71 8/17/48

Dr. M. B. Casebolt
4000 Baltimore
Va 5115

3 to 7:30

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 *Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *H.C. MD*

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.