No. 2
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17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1948

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30008

Primary Registration District No. 1002

Registrar's No. 3639

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: 2619 Victor 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Florida (b) County: Brevard 999
(c) City or town: Titusville 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: John Fred WALLER
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Bessie V. Waller
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: April (Month) 27, (Day) 1890 (Year)

8. AGE: Years 58 | Months 4 | Days 7 | If less than one day: hr. min.

9. Birthplace: Isabelle, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Diamond Oil Company

MOTHER FATHER
12. Name: William Waller
13. Birthplace: ---- (City, town, or county) Kansas (State or foreign country)
14. Maiden name: Alice E. Dye
15. Birthplace: ---- (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Mrs. Bessie V. Waller
(b) Address: Titusville, Florida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Holloday-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 9-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1948 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from
, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary
Due to: Occlusion
Due to:
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner
Major findings: Of operations: 94 a
Of autopsy: See above

Duration

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:
23. Signature: O. E. Parker (M.D. or Coroner)
Address: 2800 Main Date signed: 9/9/48

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Mallatt

Licensed Embalmer No. 4570

P. O. Address K.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.