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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36935

Registration District No. 797

Primary Registration District No. 1002

Registrar's No. 4513

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: 3618 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 18

(c) City or town Kansas City 13
(If outside city or town limits, write "RURAL")

(d) Street No. 3618 Prospect 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WALTERS, Chester, A.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mary Walters

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

7. Birth date of deceased Unk (Month) (Day) (Year)

8. AGE: Years About 64 | Months | Days | If less than one day hr. min.

9. Birthplace Louisville, Ky (City, town, or county) 1 (State or foreign country)

10. Usual occupation --Kitchen at

11. Industry or business Menorah Hospital

FATHER
12. Name Chester A. Walters
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Chester E. Walters 1

(b) Address 1918 E 31St.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/6/48 (Month) (Day) (Year)

(c) Place: burial or cremation Holton, Kans.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 11-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 1948 hour 1 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 Shock
30 Burns Entire
Due to Body
Due to 18 15
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings:
Of operations
Of autopsy History

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) Accident 123

(b) Date of occurrence 11/4/48

(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? A. E. Upsher (Specify type of place)

While at work? No (b) Means of injury Burns

23. Signature A. E. Upsher (M. D. or other)

Address 2800 Main Date signed 11/5/48

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.