

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5045

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 647

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 34 yr.		d. STREET ADDRESS (If rural, give location) 4519 PROSPECT	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4519 PROSPECT			

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) FRANKLIN c. (Last) WALDEN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 9, 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 12-24-1900		9. AGE (In years last birthday) 49		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contact man for Merchants Delivery		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME George F. Walden		13b. MOTHER'S MAIDEN NAME Martha Hill		14. NAME OF HUSBAND OR WIFE Marie Walden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495 07 8439		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Walden, 4519 Prospect, Kansas City, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-12, 1948, to 2-9, 1950, that I last saw the deceased alive on 2-8, 1950 and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Hoffman (Degree or title) D. M. O.		23b. ADDRESS 408 Argyle Bldg.		23c. DATE SIGNED 2-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-11-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
		24d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	

DATE REC'D BY LOCAL REG. 2-11-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STLNE & McCLURE KANSAS CITY, MISSOURI	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr J C Hoffmann
Annie ...
J. - 8

APR 6 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed S J Allen

Licensed Embalmer No. 1415

P. O. Address K C Mt

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.