

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41072
5062

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorah Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Johnson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City "Rural"
d. STREET ADDRESS (If rural, give location) 6155 State line ⁸¹⁵⁹

3. NAME OF DECEASED
a. (First) Louis b. (Middle) — c. (Last) Walter

4. DATE OF DEATH (Month) (Day) (Year)
Dec 18 1950

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 10, 1895

9. AGE (In years last birthday) 55 10. UNDECEASED 1 YEAR (Months) (Days) 11. UNDECEASED 24 HRS. (Hours) (Mins.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress maker

10b. KIND OF BUSINESS OR INDUSTRY Mfg.

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sam Walter

13b. MOTHER'S MAIDEN NAME Refka

14. NAME OF HUSBAND OR WIFE Sophia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martin Walter 641 E. 72nd

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
18 hrs

42h

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1946, to Dec 18, 1950, that I last saw the deceased alive on Dec 18, 1950, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE Harry Statland (Degree or title) MD

23b. ADDRESS 1706 Bryant Bldg.

23c. DATE SIGNED 12-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 20, 50

24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 12-20-50 REGISTRAR'S SIGNATURE Eveline Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Funeral Home K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

A. L. Lewis

Signed.....
Student Embalmer

Licensed Embalmer No..... *3110*

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.