

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37642

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4862

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 OR TOWN) Kansas City		c. LENGTH OF STAY (In this place) 66 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 6030 Indiana Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) Henry		c. (Last) WALKENHORST		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-15-85		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tile & Marble Cont.				10b. KIND OF BUSINESS OR INDUSTRY Fritz Tile Co.		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri
				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Herman Walkenhorst			13b. MOTHER'S MAIDEN NAME Dora Straata			14. NAME OF HUSBAND OR WIFE Doris E. Walkenhorst	
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) 490-24-3883		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Doris E. Walkenhorst, 6030 Indiana, KC, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			
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 3-21 , 19 51 , to Nov 10 , 19 51 , that I last saw the deceased alive on Nov 10 , 19 51 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. D. Bennett (Degree or title) J. D. Bennett MD M.D.				23b. ADDRESS 1630 Prof Bldg K.C. Mo		23c. DATE SIGNED 11-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-13-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 11-13-51		REGISTRAR'S SIGNATURE Gertrude Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Er. J. S. Bennett
1630 Prof Bldg.
Mon. afternoon

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

Alvin E. Heck

Licensed Embalmer No.

4063

P. O. Address

Kansas City, 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.