S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8628

State File No.

FILED MAR 29 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1101

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1010 Holmes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1010 Holmes

118
210

3. NAME OF DECEASED (Type or Print)
a. (First): Tony
b. (Middle): John
c. (Last): Walters

4. DATE OF DEATH (Month): 3 (Day): 4 (Year): 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-10-~~1883~~ 1888
9. AGE (In years last birthday): 63
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Armour Pkg. Co.
11. BIRTHPLACE (State or foreign country): Taos, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HERMAN WALTERS
13b. MOTHER'S MAIDEN NAME: MARY SAND
14. NAME OF HUSBAND OR WIFE: LAURA ANN WALTERS

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.: 490-09-8053
17. INFORMANT'S SIGNATURE OR NAME: MRS. WALTERS
ADDRESS: 1010 Holmes K.C. 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) BILATERAL BRONCHAL PNEMONIA — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSES — ALCOHOLIC
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — 9
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — 49 K
Conditions contributing to the death but not related to the disease or condition causing death.

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) m.
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* 3-4, 1952, *to* 3-4, 1952, *that I last saw the deceased alive on* 3-4, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. F. Walls (Degree or title) DO
23b. ADDRESS: 1118 E 12
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-7-52
24c. NAME OF CEMETERY OR CREMATORY: ST. MARYS
24d. LOCATION (City, town, or county): KANSAS CITY (State): MO.

DATE REC'D BY LOCAL REG.: 3-7-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Mellody-McGilley-Eylar
ADDRESS: KCMO.

(Licensed Embalmer's Statement on Reverse Side)

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

Walk D.O.
1118 E 15.

No. 5082

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2998

P. O. Address KC

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.