

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **20718**  
**2533**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>55 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>6842 Monroe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Campbell Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>R.</b> c. (Last) <b>WALTERBACH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	
8. DATE OF BIRTH <b>1-20-76</b>		9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wilson &amp; Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Amososa, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>					

13a. FATHER'S NAME <b>CHRISTOPHER WALTERBACH</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA SCHIECHSER</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET ROSE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>510-05-6370A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. WALTERBACH</b> ADDRESS <b>6842 MONROE K.C. MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>27 yrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Permanence anemia</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b)</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Scurvy</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Scurvy</b>	

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)		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 **June 1949** to **June 3, 1952**, that I last saw the deceased alive on **June 3, 1952**, and that death occurred at **6:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Paul Wright</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kansas City, Mo. 64113</b>		23c. DATE SIGNED <b>June 4, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-6-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>6-4-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilly-Bylar</b> ADDRESS <b>Kansas City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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**3808**

Dr. Wright  
Prog. Reg. 11 AM

X

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 \_\_\_\_\_

A. E. Hook

Student Embalmer No. 448

working under my personal supervision.

Student A. E. Hook  
Student Embalmer

Signed Glen 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.