

EMBED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31911**
4297

No. 300
10.48

| | | | | |
|---|---------------------------|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. _____ |
| 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. LENGTH OF STAY (in this place) 30 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | d. STREET ADDRESS (If rural, give location) 5136 Brookwood Road | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HARRY | | b. (Middle) E. | c. (Last) WALTER | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1952 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 17, 1900 | 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trouble shooter | | 10b. KIND OF BUSINESS OR INDUSTRY SW Bell Tel. Co. | 11. BIRTHPLACE (City and State or Foreign Country) Kansas (Kansas City) | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Oscar E. Walter | | 13b. MOTHER'S MAIDEN NAME Elizabeth Johnson | 14. NAME OF HUSBAND OR WIFE Helen E. Walter | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 486-03-9936 | 17. INFORMANT'S SIGNATURE OR NAME KC Mo. ADDRESS Mrs. Helen E. Walter, 5136 Brookwood Rd | |
| 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) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertension.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | INTERVAL BETWEEN ONSET AND DEATH 331 h |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u> | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>X</u> | |
| 22. I hereby certify that I attended the deceased from <u>9-27, 1952</u> , to <u>9-29, 1952</u> , that I last saw the deceased alive on <u>9-29, 1952</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) E. N. Gentry MD | | 23b. ADDRESS 324 E 11th St. ICC Mo. | 23c. DATE SIGNED 9-30-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/2/52 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| DATE REC'D BY LOCAL REG. 10-1-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. H. [unclear] to Dr R. F. [unclear]

2414

324 1/2 11th St

(Kansas)

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 George A. [unclear]

Licensed Embalmer No. 4425

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.