

FILED JAN 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **1318**
87

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Bethel	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 15 mo.		7. STREET ADDRESS (If rural, give location) 7138 Farrow	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3537 Main (Lindeman Nur. Ho.)			

3. NAME OF DECEASED (Type or Print) MARY WAHLIN			4. DATE OF DEATH Jan. 5, 1955		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1881	9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Sarahsville, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Joseph J. Stotler	13b. MOTHER'S MAIDEN NAME Sarah McWilliam	14. NAME OF HUSBAND OR WIFE Frank W. Wahlin
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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 Mrs. Breta Anderson	ADDRESS Bethel, Ks.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower nephren nephrosis		2 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4467	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov. 1952**, to **Jan 4, 1955**, that I last saw the deceased alive on **Jan 4, 1955**, and that death occurred at **5:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert P. Mc Carthy (Name or title)	23b. ADDRESS 7345 Leavenworth Rd.	23c. DATE SIGNED Jan 1-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/8/55	24c. NAME OF CEMETERY OR CREMATORY Vinewood Cemetery	24d. LOCATION (City, town, or county) (State) Wyandotte Co. Kansas
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DATE REC'D BY LOCAL REG. 1-7-55	REGISTRAR'S SIGNATURE Merna Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter & Sons	ADDRESS K.C.Ks.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert P. Mc Carthy

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.....
Signature of Student Embalmer

Signed.....
Howard L. Porter

Licensed Embalmer No. 3751...

P. O. Address... 19th & Minor
Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.