

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED JUL 5 1956**

State File No. **20610**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2624**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> c. LENGTH OF STAY (in this place) <b>45 YEARS</b> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Joseph Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY OR TOWN <b>KANSAS CITY</b> d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>2235 EAST 68th TERRACE</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>WILLET</b> c. (Last) <b>MALCOLM</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JUNE 12, 1956</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>SEPT 11, 1884</b>	<b>9. AGE</b> (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>PLANO SEWERMAN</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>JENKINS Music Co.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MOLINE, ILLINOIS</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>ERNEST MALCOLM</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ACENITH FERRIS</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>CAROL MALCOLM</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>489-05-2917</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MRS. CAROL MALCOLM</b>	<b>ADDRESS</b> <b>2235 E. 68th TERRACE, KANSAS CITY, MO.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <b>Acute myelogenous leukemia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>6 MO</b>  <b>2041</b>
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<b>19a. DATE OF OPERATION</b> <b>NONE</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> <b>L</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>L</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from 11-25-1955, to 6-12-1956, that I last saw the deceased alive on 6-12-1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D. R. Lyddon, Jr.</b>	<b>23b. ADDRESS</b> <b>1027 E. 75th, A. C. MO.</b>	<b>23c. DATE SIGNED</b> <b>6-13-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>JUNE 14 1956</b>	<b>24c. NAME OF CEMETERY OR-CREMATORY</b> <b>OAKWOOD CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>GENESEO, ILLINOIS</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-14-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>neva minshall</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> (Address) <b>W. NEWCOMER'S SONS BRUSH CREEK BLVD</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
H. R. Lyddon, Jr.

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.....  
*Rollie Kessel*

Licensed Embalmer No. *4692*

P. O. Address.....  
*K.C.M.*

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.