

Registration District No. 197

Primary Registration District No. 5276A

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
16th & Iron - Dean Rubber Mfg. Co.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3812 Anderson Avenue 8  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th  
year 1941 hour 1 minute P. A.M.

21. I hereby certify that I attended the deceased from 1941 to 1941

that I last saw him alive on April 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary thrombosis

Due to Coronary thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary thrombosis  
(b) Date of occurrence 4-25-1941  
(c) Where did injury occur? 3812 Anderson St. Kansas City, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial Place

While at work? yes (Specify type of place) (e) Means of injury Coronary

23. Signature Rob. Procher (M. D. or other) 3  
Address Epworth Spgy. Hse. Date signed 4-26-41

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

3. (a) PRINT FULL NAME Mr. Thomas Orr Daywalt

3. (b) If veteran, name war World War 3. (c) Social Security No. 493-12-2666

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Willa Daywalt 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 8, 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Benore Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanical Engineer

11. Industry or business Dean Rubber Mfg. Co.

12. Name Daniel G. Daywalt

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Kellerman

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willa Daywalt

(b) Address 3812 Anderson Avenue

17. (a) Burial (b) Date thereof April 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) April 28-41 (b) John A. Norton  
(Date received local registrar) (Registrar's signature)

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

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