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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32612

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4009

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4109 Walnut Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 2 months,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas, (b) County 14

(c) City or town Frankfort, 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country x 2

3. (a) PRINT FULL NAME William D. Auld,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Blanche Busby Ault

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April (Month) 25 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
79	6	5	br. min.

9. Birthplace Kansas (City, town, or county) / (State or foreign country)

10. Usual occupation Retired,

11. Industry or business x

FATHER
12. Name W. H. Ault,
13. Birthplace Ohio, / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bradford,
15. Birthplace Virginia, / (City, town, or county) (State or foreign country)

16. (a) Informant Alice Auld Davis,
(b) Address 4109 Walnut St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Frankfort, Kansas,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 10-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1942 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from May 1942 to Oct 30 1942
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	18 hours
Due to Senility	
Due to	
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) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature D P Kleinger (M. D. ~~or other~~)
Address 615 Argyle Bldg Date signed 10-30-42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. D. P. Klepinger, [illegible]

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 E. M. Plank

Licensed Embalmer No. 1848

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.