

FILED NOV 19 1942

State File No. ....

Registration District No. 144

Primary Registration District No. 1002

Registrar's No. 4113

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: H.C. Th. Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution May 11 (Specify whether  
years, months or days) Stay 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kans. City  
(If outside city or town limits, write "RURAL")

(d) Street No. 575 Harrison  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Walton Henry

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31  
year 1942 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 20, 1941, to Oct 31, 1942  
that I last saw him alive on Oct 31, 1942  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 8 1888  
(Month) (Day) (Year)

Immediate cause of death Cachexia  
Tuberculosis  
(Far advanced bilateral pulmonary)

Due to 135

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years 54 Months 5 Days 23 If less than one day — hr. — min.

9. Birthplace Knowville Tenn (City, town, or county) 1 (State or foreign country)

10. Usual occupation ? none

11. Industry or business ?

MOTHER FATHER

12. Name Walton, William

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

14. Maiden name ?

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

16. (a) Informant Walton Charles

(b) Address 945 Wash. Blvd.

17. (a) Anatomical (b) Date thereof 11-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental

18. (a) Signature of funeral director Brady

(b) Address H.C. Th. Hosp.

19. (a) 11-5-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature W. J. ... (M. D. or other) \_\_\_\_\_  
Address H.C. Th. Hosp. K.C. Mo. Date signed \_\_\_\_\_

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**