

JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2444

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community since 1918 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6601 Wenonga Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Harry Clifford Walton

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 487-01-3197

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

6. (b) Name of husband or wife Adaline T. Walton 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 1 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 26 .hr. min.

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

10. Usual occupation President

11. Industry or business Walton-Viking Co.

12. Name H. C. Walton

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

14. Maiden name Cora White

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

16. (a) Informant Mrs. Adaline T. Walton

(b) Address 6601 Wenonga Road, Johnson Co., Kas

17. (a) Burial (b) Date thereof 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-28-43 (b) M. M. Osborn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1943 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from April 14 1943 to May 27 1943
that I last saw him alive on May 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma with cerebral metastases

Due to 470

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Bronchogenic carcinoma with cerebral metastases

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) (e) Years of injury

23. Signature Lawrence J. Engel (M. D. or other) MD

Address Plaza Med Bldg K.C., Mo. Date signed 5-28-43

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

MOTHER FATHER

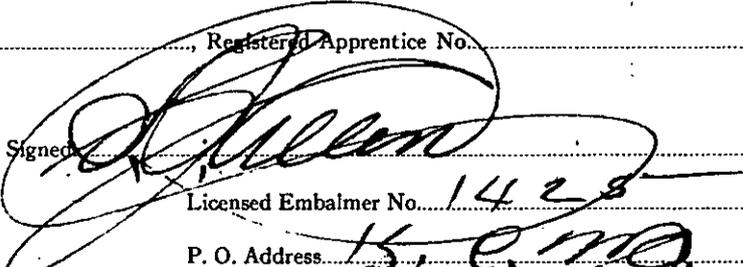
Dr. Larry Engel, Plaza Med. Bldg.

affixed at 2:30 P.M.

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. 1428.....

P. O. Address. 15, E. 11th.....

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.