

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

SEP 7 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27214

State File No.

Registrar's No.

3655

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St Lukes Hospital
(d) Length of stay: In hospital or institution 2 Days
In this community 6 days

3. (a) PRINT FULL NAME John Wagner Affalter

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex Male 5. Color or Race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug 16 1943

8. AGE: Years Months Days If less than one day 6 hr. min.

9. Birthplace Gardner Kansas

10. Usual occupation None

11. Industry or business

12. Name John H. Affalter

13. Birthplace South Park Kansas

14. Maiden name Fern Wagner

15. Birthplace Unknown Kansas

16. (a) Informant John H. Affalter

(b) Address Stanley, Kansas

17. (a) Burial (b) Date thereof 8/24/43

(c) Place: burial or cremation Shawnee Cemetery

18. (a) Signature of funeral director State Funeral Home

(b) Address 1901 Blatch Blvd. K. C. K.

19. (a) 8-24-43 (b) J. C. Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Stanley, Kan.
(d) Street No.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 1 minute 59 AM

21. I hereby certify that I attended the deceased from Aug 20 1943 to Aug 22 1943 that I last saw him alive on Aug 21 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atresia Pyloric valve of stomach. 1st post. Duodenum

Due to 15 AM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above Of autopsy no

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature J. A. W. Walcott (M. D. or other) Address 238 Perry road Date signed Aug 22 1943

Duration 6 da
PHYSICIAN Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *W. F. Ward*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67th St.*

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.