

S. No. 2
M-2-43
5-17-39
I X35697

41849

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 5 1944

Registrar's No. 5560

Registration District No. _____

Primary Registration District No. 1002

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-18-43-12-23-43
(Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2317 Montgall
(If rural, give location)

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

3. (a) PRINT FULL NAME MINNIE WALTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Green Walton

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

7. Birth date of deceased July 22 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>1</u>	hr. min.

9. Birthplace Richmond No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant General Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter R. Brown

(b) Address 1729 Lydia Ave

19. (a) 12-27-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from December 18 1943 to December 23 1943; that I last saw him er alive on December 23 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pyonephrosis

Due to Stones in Bladder (Urinous)

Due to Hemorrhagic Cystitis

Other conditions (Include pregnancy within 3 months of death) 1350

Major findings: Of operations _____

Of autopsy _____

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) _____ (c) Means of injury _____

23. Signature W. E. Turner (M. D. or other)
Address San Aug #12 600622 Date signed 12/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *J. James Mandore*
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.