

FILED APR 7 1944

Registration District No. 1002

Primary Registration District No. 1002

1367

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3-23-44 - 26 44
In this community 60 yrs
years, months or days (Specify whether)

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. 2604 East 36th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Katherine Walton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife W. P. Walton. 6. (c) Age of husband or wife if alive. dec. years
7. Birth date of deceased July 6 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Begust Herman

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

14. Maiden name Zorn

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

16. (a) Informant Mrs. Dorothy Anderson,

(b) Address 2604 E. 36th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof. 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

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

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-27-44 (b) D. E. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1944 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from 1944 to 1944
that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to fracture Rt. Leg
Due to Injury By Fall

Other conditions 1866
(Includes pregnancy within 3 months of death)

Major findings: Of operations 1866
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident - 123
(b) Date of occurrence March 23 1944
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place)
(e) Means of injury Trauma
23. Signature D. E. Brown (M. D. Registrar)
Address 23 W. Coy Date signed 3/26/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Wilton L. Keebler*.....

Licensed Embalmer No. *4225*.....

P. O. Address *Kansas City 3 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.