

Registration District No. **149**

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: **Wheatley Provident Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)
 In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 48
 (a) State (b) County
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5406 South Benton**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Walter Daniels**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **494-16-1611**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** **15** 19**44**
 year **1944** hour **5:15** minute **A** M.

4. Sex **Male** 5. Color or race **Col**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mabel Daniels**
 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **April 29, 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-7-44** to **12-14-44**
 that I last saw **him** alive on **12-14-44**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	64	7	18-15	1 hr. 1 min.

Immediate cause of death **Carcinoma of stomach**
 Due to **Carcinoma of stomach**
 Due to

9. Birthplace **Norfolk Virginia**
(City, town, or county) (State or foreign country)

Other conditions **460**
(Include pregnancy within 3 months of death)

10. Usual occupation **Porter**
 11. Industry or business **Teamster's Union**

Major findings: **X-ray**
 Of operation **No**
 Of autopsy **No**

MOTHER FATHER
 12. Name **Rev. George Daniels**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Hattie Prudome**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mabel Daniels**
 (b) Address **5406 South Benton**
 17. (a) **burial** (b) Date thereof **12/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Highland Cemetery**

While at work? **No**
(Specify type of place) (c) Means of injury
 23. Signature **W. E. Brown** (M. D. or other)
 Address **1729 Lydia** Date signed **12-18-44**

18. (a) Signature of funeral director **Hatkins Bros.**
 (b) Address **1729 Lydia**
 19. (a) **12-18-44** (b) **W. E. Brown**
(Date received local registrar) (Registrar's signature)

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

Humbert.

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. J. Manline*
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.