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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 26 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1499
Registrar's No. 200

Registration District No. 149 Primary Registration District No. 1001

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: Kansas City
(c) Name of hospital or institution: 2725 Wabash
(d) Length of stay: In hospital or institution: 60 years
In this community: 60 years

2. USUAL RESIDENCE OF DECEASED: Missouri Jackson 48
(a) State: Missouri (b) County: Kansas City 3
(c) City or town: 2725 Wabash (If outside city or town limits, write "RURAL.")
(d) Street No.: 2725 Wabash (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 7

3. (a) PRINT FULL NAME: MRS. MARIE ANTOINETTE WALLS

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

4. Sex: Fe 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: George L. Walls 6. (c) Age of husband or wife if alive: XX years 24 1864

7. Birth date of deceased: August 24 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation: At Home

11. Industry or business:

12. Name: Dr. William Jones

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

14. Maiden name: Elizabeth A. Rathbun (City, town, or county) (State or foreign country)

15. Birthplace: New York (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hildegard Johnson

(b) Address: 2725 Wabash

17. (a) Burial (b) Date thereof: 1-15-45 (c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: J.W. Wagner (b) Address: Kansas City, Mo.

19. (a) 1-13-45 (b) D. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th year 1945 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from May 4th to death 1945 to Jan 12, 1945 and that I last saw him alive on Jan 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis

Due to: Old age

Due to:

Other conditions: (Include pregnancy within 3 months of death) 97

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: Frank J. Hall (M. D. or other) Address: 4217 Wabash Date signed: 1-13-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

