

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: K.C. Gen. Hospital No. 10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community About 14 years (Specify whether
 years, months or days)

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. 558 Main Street (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ed Walburn
 3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown
 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 1870
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 17th
 year 1945 hour 3 minute 20 A.M.
 21. I hereby certify that I attended the deceased from 12-16-45 19, to 12-17-45 19;
 that I last saw him alive on 12-17-45 19;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 75 hr. min.

Immediate cause of death CARDIAC DECOMPENSATION
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____
 Of autopsy None

9. Birthplace Unknown (City, town, or county) (State or foreign country)
 10. Usual occupation Unknown

PHYSICIAN
 Underline the cause to which death should be charged statistically.
956

11. Industry or business _____
 MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address K.C. MO. General Hosp. #1
 17. (a) Anatomical (b) Date thereof 12-20-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kirksville, Mo.

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?
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Paul W. Seely (City or town) (State)
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

18. (a) Signature of funeral director Weilert Funeral Home
 (b) Address 2332 Monitor Place, K.C. Mo.
 19. (a) 12-20-45 (b) Theraldine Holmes
 (Date received local registrar) (Registrar's signature)

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..... *Blaine E. Willett*

Licensed Embalmer No..... *4075*

P. O. Address..... *K.C. 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.