. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9746

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1324

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 #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community About 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1325 Brooklyn 7
(If rural, give location) 11

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Waltman

3. (b) If veteran, name war no

3. (c) Social Security No. 486-07-0794

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 17 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	25	hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Daniel Waltman
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Nancy McNair
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital #2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/18/'46 (Month) (Day) (Year)
(c) Place: burial or cremation Sontag, Miss.

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine K.C. Mo

19. (a) 3-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12. year 1946 hour 11: minute 20 P. M.

21. I hereby certify that I attended the deceased from February 28, 1946 to March 12, 1946; that I last saw him alive on March 12, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Probable Carcinoma of Head of Pancreas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
Of autopsy	

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

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 E. Frank Ellis (M. D. or other)

Address General Hospital #2 Date signed 3/13/46

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1946

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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address. 1212 Vine KC

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.