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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1012

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town North Kans. City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Roural route #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW WALTON

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud Walton 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 16 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 17 If less than one day X hr. _____ min. _____

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

10. Usual occupation Salesman (retired)

11. Industry or business Horton Produce

12. Name Andrew Walton

13. Birthplace Watertown New York
(City, town, or county) (State or foreign country)

14. Maiden name Kathrine Walrous

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

16. (a) Informant Mrs Andrew Walton

(b) Address R.R. #5 North Kans. City, Mo.

17. (a) Removal (b) Date thereof March 3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay City, Mich.

18. (a) Signature of funeral director MORTON SMITH'S F.H.

(b) Address 832 Armour Rd. N.K.C. Mo.

19. (a) 3-5-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1947 hour 2:00 AM/PM AM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 8
1947, to death, 19____, at _____, 19____,
that I last saw him alive on 3-2-47
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 6 wks

Due to Chronic nephritis?

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: 132

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Geraldine Holmes (M. D. or other) _____
Address N.K.C. Mo. Date signed 3/5/47

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

MOTHER FATHER

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.....

Chester S. Staring, Registered Apprentice No. *447*
working under my personal supervision.

Signed.....

Theron O. Smith

Licensed Embalmer No. *5928*

P. O. Address *North Bond City, 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.