

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1489

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>	c. LENGTH OF STAY (in this place) <u>1 MONTH</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County E. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Walter</u> c. (Last) <u>Walter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1950</u>			
5. SEX <u>Male</u>	COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>8-10-71</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>garden</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gardener</u>	11. BIRTHPLACE (State or foreign country) <u>Lexington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joseph Walter</u>	13b. MOTHER'S MAIDEN NAME <u>Cecelia Glumser</u>	14. NAME OF HUSBAND OR WIFE <u>CHRISTENA WALTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. G.C. MCKINNEY-STILLWELL, KAN.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Sarcoma of femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>  <u>1991</u>
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-7-49, 1949, to 1-3-50, 1950, that I last saw the deceased alive on 1-2-50, 1950, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Johnson</u> (Degree, Title)	23b. ADDRESS <u>IPR # 4, Independence, Mo.</u>	23c. DATE SIGNED <u>1-3-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILL</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.K. Large &amp; Sons Grandview, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN. 5, 1950</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u> 378	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

420  
0

JAN 9 1950

JAN 28 1950

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*Richard E. George*

Signed.....

Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Belton, 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.