

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40875
State File No. 5312

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Jackson.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1740 Waverly</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Walter</i> b. (Middle) <i>James</i> c. (Last) <i>Maskill</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>December 16, 1950</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>August 28, 1883</i>	9. AGE (In years last birthday) <i>67</i>	10. CITIZEN OF WHAT COUNTRY? <i>USA</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Brakeman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.P. Railroad</i>		11. BIRTHPLACE (State or foreign country) <i>Kansas</i>	

13a. FATHER'S NAME <i>James Maskill</i>		13b. MOTHER'S MAIDEN NAME <i>Anna O'Brien</i>		14. NAME OF HUSBAND OR WIFE <i>Lena Elsie Maskill</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>712-03-2010</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Lena Elsie Maskill 1740 Waverly</i>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary embolus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute transverse myelitis</i>		
	DUE TO (c) <i>Inflammatory lesions around transverse colon undetermined</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>as above</i>		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?

22. I hereby certify that I attended the deceased from *11-20, 1950, to 11-16-50*, that I last saw the deceased alive on *11-16-50, 1950*; and that death occurred at *12 m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Graham Owens</i>	23b. ADDRESS <i>Box M. D. 906 Grand NC Mo.</i>	23c. DATE SIGNED <i>12-18-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Dec. 18, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ralph C. Fulton Kans. City</i>

DATE REC'D BY LOCAL REG. <i>12-18-50</i>	REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ralph C. Fulton Kans. City</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

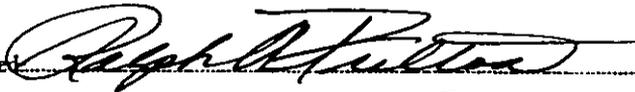
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3503

P. O. Address

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.