

FILED JUL 12 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 19269

2617

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2115 EAST 70 <sup>th</sup> TERRACE		e. STREET ADDRESS (If rural, give location) 011 2115 EAST 70 <sup>th</sup> TERRACE 878	
3. NAME OF DECEASED (Type or Print) ANNIE M WALL		4. DATE OF DEATH (Month) (Day) (Year) JUNE 9, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 3	8. DATE OF BIRTH OCT. 18, 1875
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) 0 VERNON COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN M. GRAHAM		13b. MOTHER'S MAIDEN NAME ELIZABETH CLACK	
14. NAME OF HUSBAND OR WIFE David M. Wall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT M. WALL - KANSAS CITY, MISSOURI 2115 EAST 70 <sup>th</sup> TERRACE	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Heart failure, Acute 30 min. ANTECEDENT CAUSES DUE TO (b) senescence 4 yrs. DUE TO (c) Arteriosclerosis - Marked (?) cerebral 6 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General 6	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Ununited fracture at 6/6 2014 fracture at tibia head of tibia	
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)		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 3/26, 1948, to 6/9, 1954, that I last saw the deceased alive on 5/26, 1954, and that death occurred at 4:20 P. M., from the causes and on the date stated above.	
23a. SIGNATURE J. Q. Chambers Jr. (Degree or title) M.D.		23b. ADDRESS 1103 Grand Ave Kansas City Mo	
23c. DATE SIGNED 6/10/54		24a. LOCATION (City, town, or county) (State) ALBUQUERQUE, NEW MEXICO	
24b. DATE 6-10-54		24c. NAME OF CEMETERY OR CREMATORY	
24d. DATE REC'D BY LOCAL REG. 6-10-54		24e. REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. N. Newcomer 1331 BRUSH CREEK DIVD. KANSAS CITY, MISSOURI			

(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 .....  
Signature of Student Embalmer

Signed *Robert Ray* .....

Licensed Embalmer No. *418*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.