REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13822
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Van
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1802
(d) Street No. KC Gen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Wilkinson 4-25
(a) Residence, No. 5045 Agnes St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Wilkinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1869
7. AGE Years 68 Months 8 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Crabtree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Louisa Douglass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Record Clerk
(ADDRESS) KC Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 4-28-38
19. FUNERAL DIRECTOR Freeman Mortuary
(ADDRESS) Kansas City, Mo
20. FILED 4-28, 1938 M. M. Crowe, asst
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1938 to 4-26, 1938
I last saw her alive on 4-26, 1938. Death is said to have occurred on the date stated above, at 2:35 pm
The principal cause of death and related causes of importance were as follows:

Cholecystitis and Cholelithiasis; Renal Stone 126

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. H. De Marcal, M. D.
(Address) Supt KC Gen Hosp KC

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. Lauren Freeman, Licensed Embalmer No. 2939

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. Lauren Freeman

Licensed Embalmer No. 2939

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.)