

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31461
Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. Trinity Hospital Registered No. 3758

(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George G. Wick - 201

(a) Residence, No. Urich, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allie Wick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

54 6 21

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Produce Man

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) Illinois

FATHER 13. NAME Ollie Wick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME Maggie McAtee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Allie Wick (ADDRESS) Urich, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Urich, Missouri DATE Sept. 29 19 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure Kansas City, Missouri.

20. FILED Sept. 26, 1938 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 19 38

22. I HEREBY CERTIFY, That I attended deceased from 9/16/38, 1938 to 9/26/38, 1938

I last saw him alive on 9/26/38, 1938 Death is said to have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance were as follows:

Acute Perforative Appendicitis 121 9/15/38

General Peritonitis 9/16/38

Date of onset

Other contributory causes of importance: Acute intestinal Obstruction 9/25/38

Name of operation Appendectomy Date of 9/16/38

What test confirmed diagnosis? Chemical Where an autopsy? No

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) John H. Ogilvie M. D.

(Address) 730 Prof. Bldg

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

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.