

SEP 6 1939

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

28323
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399
(b) Township Kaw, Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 4307 Warwick Blvd. 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

Ruth Atwood Wickersham,
(a) Residence, No. 4307 Warwick Blvd. 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 Female
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 Price Wickersham,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 5 4

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

13. NAME John H. Atwood,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts,

15. MAIDEN NAME Nellie Wyman,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts,

17. INFORMANT Wyman Wickersham,
(ADDRESS) 4307 Warwick Blvd., K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill, DATE 8-23-39

19. FUNERAL DIRECTOR (NAME) Stine & McClure,
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 8-22-39 M. M. Crause
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 39, to Aug 21 39
I last saw her alive on Aug 21 39. Death is said to have occurred on the date stated above, at 8:50a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
820
Other contributory causes of importance: Hypertension
Name of operation None Date of
What test confirmed diagnosis: clinical 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? Yes
If so, specify Alcohol
(Signed) Alvin C. Carbaugh M. D.
(Address) 714 Myland Bldg K. C. Mo

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.

1-11423

Dr. Glenn Carbaugh

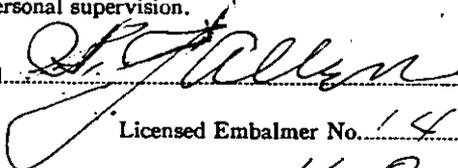
STATEMENT BY LICENSED EMBALMER

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. 1415

P. O. Address K. C. 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, above space should be left blank.