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

NOV 14 1939

35017
Do not use this space.

1. PLACE OF DEATH.
(a) County JACKSON 1 Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3992
(c) City KANSAS CITY (d) Street No. EDGEMERE APTS - 4201 LOCUST 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 425 MRS. NELLIE KREPS WILSON
(a) Residence, No. 4201-LOCUST-APT-303 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: DR. A. M. WILSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN-22-1860
7. AGE: YEARS 79 | MONTHS 8 | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: AT HOME
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): PERRYBURG 1 OHIO

FATHER
13. NAME: GEORGE KREPS 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SCRANTON 9 PENNSYLVANIA

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): MISS ELIZABETH K. WILSON 4201 LOCUST STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE: FOREST HILL ABBEY DATE: OCT-17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD
20. FILED 10/17 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCT-15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Oct 15, 1939
I last saw her alive on 10/15/39, 19.... Death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
old hypertensive	
heart disease	
59	

Other contributory causes of importance:
diabetes
senility

Name of operation: no Date of
What test confirmed diagnosis? clinical ~~Was there~~ an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) K Kloffey 1, M. D.
(Address) 1103 Grand

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2. 50M-1-12-38 I X14023

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Professional Bldg.

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 H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address Kansas City, 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.