

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

38499  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Jackson ..... Registration District No. 399

(b) Township..... Kaw ..... Primary Registration District No. 1002 Registered No. 4263

(c) City..... Kansas City, Mo. ..... (d) Street No. 2735 Benton 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 Lucille Puritha Wilhelm

(a) Residence, No. 2735 Benton Blvd 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred H. Wilhelm <sup>42</sup> yrs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1897

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

42      4      2

OCCUPATION

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) Kansas City Mo.

FATHER

13. NAME John P. Rieder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

MOTHER

15. MAIDEN NAME Susie Villmoare

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

17. INFORMANT Fred H. Wilhelm (ADDRESS) 2735 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov 9th 1939

19. FUNERAL DIRECTOR (NAME) Mr. E. H. Forster (ADDRESS) 918 Brooklyn

20. FILED Nov 7 1939 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938 to Nov 7, 1939

I last saw her alive on Nov 4, 1939. Death is said to have occurred on the date stated above, at 2:02 p.m.

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

Actinomycosis  
(Pelvic)

Date of onset about 2 yrs

Other contributory causes of importance:

Name of operation Lapotomy Date of July 24 1938

What test confirmed diagnosis? Copsy Was there 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) Joseph H. Priddy, M. D.  
(Address) 1103 Grand St

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.

MARGIN RESERVED FOR BINDING

Dr. J. J. ...  
1001-11 4100

**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 Theron D. Redman  
Licensed Embalmer No. 2737  
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.**