

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4694**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kaw**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
809 E. 8th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **20 years**
years, months or days

8. (a) PRINT FULL NAME **Rena May Wilson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Ben Wilson** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **5 11 1898**
(Month) (Day) (Year)

8. AGE: Years **41** Months **6** Days **25** If less than one day hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **James Webb**
13. Birthplace **Nashville Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Wells West**
15. Birthplace **Houssville Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lina Bondale**

(b) Address **809 E-8th St K.C. Mo.**

17. (a) **Burial** (b) Date thereof **12-11-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill**

18. (a) Signature of funeral director **J. B. Moore**

(b) Address **1820 E-18th St.**

19. (a) **Dec 11, 1939** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **809 E 8th St 3fl.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **6**
year **1939** hour **8:30** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Edema**

Due to **Hypertensive myocardium** 131

Due to **Cholesterolosis of the heart**

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **Y** (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

A B Moore, Registered Apprentice No.
working under my personal supervision.

Signed A B Moore

Licensed Embalmer No. 2410

P. O. Address 1870 E 18 st

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.