DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1002

State File No. 9540

Registration District No. 399 (MO APR 12 1940)

Primary Registration District No.

Registrar's No. 674

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: 4010 Forest Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 52 Yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 4010 Forest Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Mary Ann WILSON.

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Thomas J. Wilson.

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Oct. (Month) 25th, (Day) 1858. (Year)

8. AGE: Years: 81 Months: 4 Days: 3 If less than one day ____ hr. ____ min.

9. Birthplace: Independence (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home.

11. Industry or business:

FATHER
12. Name: Thomas J. Woods Sr.
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Betty Cusack
15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Thomas J. Woods.
(b) Address: 2320 Benton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery.

18. (a) Signature of funeral director: Mellody-McGilley.
(b) Address: K. C. Mo.

19. (a) Mch 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Feb 2 1935 to Feb 28 1940 that I last saw him alive on Feb 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Chronic nephritis

Due to: Atherosclerosis

Other conditions (Include pregnancy within 3 months of death): Senility

Major findings:
Of operations: ✓
Of autopsy: ✓

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place): ✓
While at work? ✓ (e) Means of injury: ✓

23. Signature: J. O. McCue (M. D. or other)
Address: 600 Gregory Ble. Date signed: 4/22/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 x19811

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. 2999

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.