

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2036**

1. PLACE OF DEATH:

(a) County: Jackson  
(b) City or town: Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1214 E. 23rd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) 11 months

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. 1214 E. 23rd St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: ESTHER WILSON 425

3. (b) If veteran, name war: no 8. (c) Social Security No. no

4. Sex: Female 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: 5 - 20 - 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 23 - hr. - min.

9. Birthplace: Kansas City, Mo. Law,  
(City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: none

12. Name: Luther J. Wilson

13. Birthplace: Lexington, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Zenobia Hancock

15. Birthplace: Chambers, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Zenobia Wilson

(b) Address: 1214 E. 23rd St.

17. (a) Burial (b) Date thereof: 5 16 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Blue Ridge, A.C.M.

18. (a) Signature of funeral director: Ideal Funeral  
(b) Address: Home 71409 E 12th

19. (a) May 16, 1940 (Date received local registrar) N. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-13-40 day 13 year \_\_\_\_\_ hour \_\_\_\_\_ minute 8:30 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_ Duration \_\_\_\_\_

Tubercular Edema

Direct cause: Fully tubercular lungs

Direct cause: Penicillin therapy 17509

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? Not known (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: 2

23. Signature: Russell (M. D. or other) \_\_\_\_\_ Address: \_\_\_\_\_ Date signed: \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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. 3388

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.