

S. No. 2
11-10-39
v. 5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21021**
Registrar's No. **2638**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **622 E 40th**
(d) Length of stay: **16 Years**
In this community **16 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **622 E 40th St.**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Ellen Wilk**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **27** year **1940** hour **8:30** minute **30 P.**
21. I hereby certify that I attended the deceased on **June 27, 1940**, 19____ to **June 27, 1940**, 19____ that I last saw her alive on **June 27, 1940**, 19____ and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Louis Wilk** 6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **Dec 25 1896**

Immediate cause of death **coronary thrombosis**

8. AGE: Years **68** Months **6** Days **2** If less than one day _____ hr. _____ min.

Due to **arteriosclerosis** Duration **4 days**

9. Birthplace **Russia** (City, town, or county) (State or foreign country) **7**
10. Usual occupation **None** **7**

Due to _____
Other conditions **44th**
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Isaac Goldband** **7**
13. Birthplace **Russia** (City, town, or county) (State or foreign country)
14. Maiden name **Fisher**
15. Birthplace **Russia** (City, town, or county) (State or foreign country)

Major findings: **none**
Of operations **none**
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Henry Wilk**
(b) Address **3942 Flora**
17. (a) **Burial** (b) Date thereof **6-30-40**
(c) Place: burial or cremation **Blue Ridge Cem.**
18. (a) Signature of funeral director **J. P. Louis Funeral Home**
(b) Address **K. C. M. M. Browne**
19. (a) **June 30, 1940** (b) **J. P. Louis**
(Date received local registrar) (Registrar's signature)

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) _____
(e) Means of injury _____
23. Signature **Jas N. Collock** (M. D. or other) **1**
Address **1514 Bryan Hwy** Date signed **6/29/40**

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

Bryan Hwy
12.30

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.....

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.