

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3179**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Menorah Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 days**
In this community **Unknown**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elbert W. Wingo, 570**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Wingo,** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **July 29th, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	0	10	hr. min.

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

10. Usual occupation **Promoter**

11. Industry or business

12. Name **Erwin Wingo**

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

14. Maiden name **Ola Wingo**
Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. George Wingo,**
(b) Address **3816 Locust St., Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **8-9-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Aug. 9, 1940** (b) **M.M. Crowe**
(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. **3816 Locust St.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8th,**
year **1940** hour **8:00** minute **P** M.

21. I hereby certify that I attended the deceased from **July 15, 1940**
to **August 8, 1940**
that I last saw him alive on **August 8, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**

Due to **acute ulcerative endocarditis of aortic valve**
Due to **renal crisis followed by septicemia (non-hemolytic type)**
Other conditions (Include pregnancy within 3 months of death)
acute hemorrhagic nephritis

Major findings:
Of operations: _____

Of autopsy **see above - also bronchitis**

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? _____
(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 _____

23. Signature **M.M. Crowe** (M. D. _____)
Address **local registrar** Date signed **8-9-40**

Duration

7 days
2 weeks
30 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. A. Lieberman

Chief MA 2/2/2

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 E. M. Plank

Licensed Embalmer No. 1848

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.