

Registration District No. 399 Primary Registration District No. 1002 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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 21st + Olive - Railroad tracks  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community Unknown (Specify whether years, months or days) Robert Wilkerson

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(c) Street No. 1822 Olive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Robert Wilkerson

3. (b) If veteran, name war NO. 3. (c) Social Security No. none.

4. Sex Male 5. Color of race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mac Wilkerson 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 17 1907  
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monroe La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Com. Labor.

11. Industry or business \_\_\_\_\_

12. Name Jessie Wilkerson

13. Birthplace none  
(City, town, or county) (State or foreign country)

14. Maiden name Billie Keagy  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jessie Mac Wilkerson  
(b) Address 1822 Olive

17. (a) Code 21 (b) Date thereof 8-21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Robert B. Adams  
(b) Address 1119 East 18th St  
19. (a) Aug. 21, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 1940  
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_

that I last saw alive on 21 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral & Left Foot & Rt Arm Hemorrhage

Due to High road Trauma

Other conditions 261m  
(Include pregnancy within 3 months of death)

Major findings: Of operations 30

Of autopsy 30

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 8-19-40

(c) Where did injury occur Kansas City Jackson Mo  
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Highway

23. Signature J. M. Crowe (M. D. or other) \_\_\_\_\_  
Address 1822 Olive Date signed \_\_\_\_\_

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

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

**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

*L. P. Harris, D.S.*

Licensed Embalmer No.

*3388*

P. O. Address

*R.I.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.