No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1195

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 155

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: 308 S. White 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 308 S. White (If rural, give location) 0

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

3. (a) PRINT FULL NAME ROLEY CALVIN WILCOX

3. (b) If veteran, name war XXX

3. (c) Social Security No. 702-12-0741

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife EDNA MYRTLE WILCOX

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Nov. (Month) 2 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	8	hr. min.

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

10. Usual occupation machinist

11. Industry or business K. C. S. R.R.

FATHER
12. Name S. B. Boone Wilcox
13. Birthplace — (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lucy Vogt
15. Birthplace — (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Edna M. Wilcox

(b) Address 308 S. White

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. P. Sheil

(b) Address 6606 Indep. Ave.

19. (a) Jan 11, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 8 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan. 8, 1941, to Jan 10, 1941, that I last saw him alive on Jan. 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute influenza — Duration few days

Due to 93 A

Due to

Other conditions Chronic interstitial myocarditis — few years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As given

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 C. Vincent M.D. (M. D. or other)

Address 800 Argyle Bldg. Date signed 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Shell

Licensed Embalmer No. 3625

P. O. Address Kansas City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.