No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6073

FILED MAR 14 1941

Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 815

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

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 2615 East 28th. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kansas City M 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2615 East 28th.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Edith A. Wing

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Fe.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Edward A. Wing

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

7. Birth date of deceased Sept. (Month) 19 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	8	hr. min.

9. Birthplace Agency (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Frank Graves
13. Birthplace Agency (City, town, or county) Iowa / (State or foreign country)

MOTHER
14. Maiden name Berneiz Lewis
15. Birthplace Unknown (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Miss Edna Wing
(b) Address 2615 East 28th. K.C.M.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 2/27/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1941 hour minute 6:A M.

21. I hereby certify that I attended the deceased from Nov. 1939
, 1941, to , 19 ;
that I last saw her alive on Feb. 27- 1941 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Bronchial Pneumonia	
Due to 107	
Due to Encephalitis - Following Influenza - (Several Months standing.)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33	
Of autopsy	

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 D

23. Signature Paul A. E. Johnson (M. D. or other)
Address 5400 Ludep Ave. Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

Paul Johnson
5400 Grid

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinwoo

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

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