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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17356

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2018

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: Research Hospt. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 20 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3414 East 27th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Golda B. Wilson
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 Married /
6. (b) Name of husband or wife Albert L. Wilson
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. (Month) 8 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	8	12	hr. min.

9. Birthplace Springfield / Kans.
(City, town, or county) (State or foreign country)
10. Usual occupation Tavern Operator
11. Industry or business
FATHER
12. Name John Beckley
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Albert L. Wilson
(b) Address 3414 East 27th. K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Springhill Kans.
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.
19. (a) May 22 1941 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day May year 1941 hour 10 minute 53 P. M.
21. I hereby certify that I attended the deceased from Dec. 31, 1940, to May 20, 1941
that I last saw her alive on May 20th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
1- Hypertrophic cirrhosis liver
2- Chronic nephritis
Due to 3- Cholilithiasis
4- Impacted gall stone C-duct.
Due to 5- Gastritis
6- Alcoholism-chronic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

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 Wm H Trimble (M. D. ~~or other~~) O
Address Trinity Hosp. Date signed 5/21-41

(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 Chas. Wills

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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

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