

FILED AUG 16 1941  
Registration District No. 279

Primary Registration District No. 1002

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 Days (Specify whether  
In this community 8 Years 0  
years, months or days)

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. 300 East 60th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Edna Swift Wilson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert I. Wilson 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased July 17 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 11 15 hr. min.

9. Birthplace Mohawk New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---  
12. Name Nathan Swift  
13. Birthplace Paines Hollow New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Walker  
15. Birthplace Mohawk New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert I. Wilson  
(b) Address 300 E. 60th

17. (a) Removal (b) Date thereof July 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mohawk, New York

18. (a) Signature of funeral director O. H. Deaconson Sons

(b) Address 1401 Brush Greek Blvd.

19. (a) 7-3-41 (b) M. N. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
year 1941 hour 4 minute 30 A. M.

I hereby certify that I attended the deceased from Dec 19 38 1938 to July 1 1941  
that I last saw him alive on June 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus

Due to cardiac decompensation  
coronary sclerosis

Other conditions 95C  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ---  
Of autopsy see above 95C

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 James H. Hunt (M. D. or other) MD  
Address 814 Midvale Date signed \_\_\_\_\_

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

480  
2539

814 insurance was sent  
1-17-30

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

**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, fact should be so stated above.**