

FILED MAY 12 1942

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1672

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-31-42-4-22-42  
(Specify whether years, months or days) 20 years

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. 724 1/2 Campbell  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME BETTIE WILEY  
(b) If veteran; name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 22  
year 1942 hour 7 minute 05 p. M.

4. Sex Female  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife unk.  
(c) Age of husband or wife if alive 6 years  
7. Birth date of deceased: August 6 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 31 1942 to April 22 1942  
that I last saw her alive on April 22 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>8</u>	<u>16</u>	.....hr. ....min.

Immediate cause of death Hypertensive type heart disease with decompensation  
Due to.....  
Due to.....

9. Birthplace Yazoo City Mississippi  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy Same as above

MOTHER FATHER

10. Usual occupation None  
11. Industry or business.....  
12. Name Henry McKinney  
13. Birthplace Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Lula Wilburn  
15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

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?  
While at work?..... (Specify type of place) Means of injury.....

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2  
17. (a) Burial (b) Date thereof 4-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland  
18. (a) Signature of funeral director H. G. Moore  
(b) Address 1820 E. 18th St.  
19. (a) 4-28-42 (b) M. M. Stone  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)  
Address Lawyer 712-600 E 22 Date signed 4-24-42

Duration  
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 me  
A B Moore, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed A B Moore  
Licensed Embalmer No. 2410  
P. O. Address 1820 E 18th St

**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.