

REG-100 OCT 20 1942 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3210

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:
3525 Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 18 Years
(Specify whether 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. 3525 Olive Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country. _____

3. (a) PRINT FULL NAME Mrs. Lillian Roe Wilder

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 Mr. Arthur Wilder

6. (c) Age of husband or wife if alive. 51 years

7. Birth date of deceased. February 11 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>7</u>	<u>26</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Johnson

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roe

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Peterson

(b) Address 3525 Olive

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct. 10, 1942
(Month) (Day) (Year)

(c) Place: burial Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-8-42 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 4
1942 to Oct 7 1942
that I last saw her alive on Oct 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of Cervix Uteri.

Due to _____

Due to 48 hr

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations. None

Of autopsy. None

Duration 15 months

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 W. H. Brown (M. D. or other) U 942

Address 103 E. Elmwood Date signed 10-8-42

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

48
803

103 N. E. Woodward
1:30-5

SEP 9 1957

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..... *T.C. Mo.*

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.