

FILED JUL 19 1943/49
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. TB Hosp. I
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 m 15 d
6 1/2 yrs. (Specify whether years, months or days)

In this community 6 1/2 yrs.

3. (a) PRINT FULL NAME Roy E. Wilhoit.

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

3. (c) Social Security No. 492-14-4431

4. Sex M **5. Color or race** W

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

6. (b) Name of husband or wife Kathleen Wilhoit

6. (c) Age of husband or wife if 26 3/4 years

7. Birth date of deceased October 1, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>9</u>	<u>3</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business X-Mas trees

12. Name C. M. Wilhoit

13. Birthplace Sherridan Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Aravenne Vaughan

15. Birthplace Sherridan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. TB Hosp.

(b) Address Leeds Mo.

17. (a) Burial Buried **(b) Date thereof** 7-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Forest Hill

18. (a) Signature of funeral director. Freeman Martney

(b) Address Kansas City, Mo.

19. (a) 7-6-43 **(b) J. E. Brown**
(Date received local registrar) (Registrar's signature)

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. 3244 Summit
(If rural, give location)

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

If yes, name country A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1943 hour 7 45 minute P. M.

21. I hereby certify that I attended the deceased from 5-19-43
1943 to 7-4 1943

that I last saw him alive on 7-4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis **Duration** 5 mos

Due to 13 b 1

Other conditions T.B. Endocarditis **1 mos**
(Include pregnancy within 3 months of death)

Major findings: T.B. Laryngitis **5 mos**
PHYSICIAN

Of operations _____

Of autopsy as above

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? _____

23. Signature Mattew J. Noon **(M. D. or other)** _____
Address K.C. TB Hosp. **Date signed** 7/4/43

SUN 7 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

CO. with State File No. 1943
Local Registrar's No. 3005

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of May, 1945, before me appears
Kathleen C. Wilhoit, who, upon her oath, states that the original record of ^{birth} death
for Roy C. Wilhoit died July 4, 1943, in the State of
Missouri, and which was filed at Kansas City on July 6, 1943, should be corrected as follows:

- Item No. 6(c) should read age of wife 26
Instead of 35
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

24133-43

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kathleen C. Wilhoit wife
Relationship.
3928 Urbwick, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 22nd day of May, 1945

My Commission expires Oct. 20, 1947
Carrie M. Ruppelias Notary Public.

S-241133