

V. S. No. 2
100M-2.43.
Re 5-17-39
SP-1 X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27517

State File No. 3679
Registrar's No.

SEP 7 1943
Registration District No. 149

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 7 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Leola Wilson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex X F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife T.F. Wilson 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased June 7, 1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Albert Cvoley
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Baka Mae Kempel
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Mae Beckham
(b) Address 1142 Southwest Blvd.
17. (a) burial (b) Date thereof 8/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wanle Hill Cem.

18. (a) Signature of funeral director Sumner J. Home
(b) Address NOK

19. (a) 8-25-43 (b) T.C. 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. 1330 Jefferson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1943 hour 7:30 minute 30 AM

21. I hereby certify that I attended the deceased from 8-11, 1943, to 8-23, 1943

that I last saw her alive on 8-23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative pulmonary embolism 11 days
Due to postoperative

Due to 126
Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Of operations Gallstones drainage of gallbladder
Of autopsy same

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)

23. Signature Ingold B. Pees (M. D. ✓)
Address Trinity Hospital Date signed 8-23-43

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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address. KEK

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.