DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17237

Primary Registration District No. 1002

Registrar's No. 2155

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: 433 - NORTH WHITE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
In this community: 70 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.: 4620 - EAST - 7TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: MRS REBECCA WEBSTER 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: WIDOWED

6. (b) Name of husband or wife: MR. RICHARD W. WILSON

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

7. Birth date of deceased: FEBRUARY (Month) 22 (Day) 1868 (Year)

8. AGE: Years 76 | Months 2 | Days 24 | If less than one day: hr. ____ min.

9. Birthplace: TOPEKA (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: ---

FATHER
12. Name: FAYETTE FLETCHER
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANNA NANCE
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. EARL WOODWORTH
(b) Address: 433 - NORTH WHITE AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY-18-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: ELMWOOD CEMETERY

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) MAY 18 1944 (Date received local registrar) (b) E. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16TH year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 12, 1944, to May 16, 1944, that I last saw her alive on May 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 week
Due to: Senility, generalized	
Due to: Arteriosclerosis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 107	
Of autopsy:	

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: 0

23. Signature: A. V. Arens (M. D. or other)
Address: 6142 Forest Ave. Date signed: 5/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed E. O. Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.