

FILED AUG 9 1944 49

Registration District No. 2

Primary Registration District No. 1002

Registrar's No.

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:  
3567 White Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
Over Three Years (Specify whether  
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 3567 White Ave  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Louis Wilkerson

3. (b) If veteran, name war No 3. (c) Social Security No. 496-01-285

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mery Wilkerson 6. (c) Age of husband or wife if alive 49 - years

7. Birth date of deceased February 28 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 23 If less than one day  
hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

MOTHER FATHER

12. Name Robert Wilkerson

13. Birthplace Cole County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Peterson

15. Birthplace Cole County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Wilkerson

(b) Address 3567 White Ave

17. (a) Burial (b) Date thereof 7-26-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cemetery

18. (a) Signature of funeral director Hest Robertson

(b) Address City

19. (a) 7-24-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
 year 1944 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from April 3rd  
1944 to July 21 1944

that I last saw her alive on July 19th 1944

and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to 92a

Other conditions Edema  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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?

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

23. Signature D. E. Brown (M. D. or other)

Address 7202 E. 18 H.C. Pl Date signed 7/22/44

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.....

*C. J. Heat*

Licensed Embalmer No. 2710.

P. O. Address. K. E. 8-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.**