

S. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36972

State File No. \_\_\_\_\_

FILED DEC 4 1944  
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4652

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:  
1712 Lawn Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 4 Days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson 999

(c) City or town Mound City 14  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis E. Wilcox

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hattie E. Wilcox

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

7. Birth date of deceased January 1 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 0 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Lewis Wilcox

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

14. Maiden name Delia Groves

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

16. (a) Informant Mrs. Hattie E. Wilcox

(b) Address Mound City, Kansas

17. (a) Removal (b) Date thereof 11/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 11-19-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th  
year 1944 hour 5 AM M.

21. I hereby certify that I attended the deceased from Nov 15 1944 to Nov 19 1944  
and that I last saw him alive on Nov 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chor Myocarditis 172-  
Arterio Sclerosis 595

Due to old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93 d.

Of autopsy no

Duration \_\_\_\_\_

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 F

23. Signature D. E. Brown (Date received local registrar) 11-19-44  
Address 4200 Baltimore

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

839

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

Joseph R. Hunt, Registered Apprentice No. 364  
working under my personal supervision.

Signed Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. 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.