V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8869

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1318

48
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8

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 m. (Specify whether
In this community 3 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo 48
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Cherry St 3
(If rural, give location) 8
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Wilson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Female 1
5. Color or White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alvin Wilson
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June 11 1905
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	9	7	hr. min.

9. Birthplace Atchison Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Charles Hodge
13. Birthplace Falls City Neb. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hodge
15. Birthplace [illegible] Kansas 1
(City, town, or county) (State or foreign country)
16. (a) Informant James Randell.
(b) Address 710 Cherry St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/21/45
(Month) (Day) (Year)
(c) Place: burial or cremation Rushvill Mo
18. (a) Signature of funeral director Pasantino Bros
(b) Address K C Mo.
19. (a) 3-21-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
year 1945 hour 2:16 minute a M.
21. I hereby certify that I attended the deceased from Coroner, 19__, to ?, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Street Car Traumatism
Due to Skull Fracture
Due to Fractured Ribs 171a 8 31
Other conditions Street Car + pedestrian
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No History + Inspection

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12
(a) Accident, suicide, or homicide (specify) accident 3
(b) Date of occurrence 3-18-45
(c) Where did injury occur? 10th Cherry K.C. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
(Specify type of place)
While at work? no (e) Means of injury Street Car
23. Signature James C Walker (M. D. or other) 3-19-45
Address 1424 Prospect Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 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 Frank Walton

Licensed Embalmer No. 2744

P. O. Address S. C. Me.

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.