

FILED JAN 31 1946
Registration District No. 149

State File No.

Primary Registration District No. 1002

Registrar's No. 320

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:
1015 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years
(Specify whether 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")
(d) Street No. 1015 Monroe 8
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HELEN WILSON

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Fe. / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Andrew A. 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased July 22, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 25 hr. min.

9. Birthplace Coupar Grange Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name William Robertson

13. Birthplace Scotland 7
(City, town, or county) (State or foreign country)

14. Maiden name Christine Pirnie

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Helen C. Wilson

(b) Address 1015 Monroe

17. (a) Burial (b) Date thereof 1/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 1-19-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan, 1946, to Jan, 1946;
that I last saw him alive on Jan 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Coronary occlusion

Due to Coronary occlusion
Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no
Haley & Juppelt

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) (e) Means of injury ?

23. Signature James Walker (M. D. or other) ?
Address 1424 1/2 1st Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *A. D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address..... *A. 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.