

S. No. 2
M-5-43
5-17-39
I X38671

FILED JUN 20 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **4**
Grosse Nursing Home, 3918 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 1 year**
(Specify whether **27 Years** years, months or days)

In this community **27 Years**
years, months or days

3. (a) PRINT FULL NAME MRS. GOLDA BERNICE WILKERSON

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 **Ray H. Wilkerson**

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

7. Birth date of deceased **November 10th 1894**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	8	27	hr. 1 min.

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

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name **Unknown** **9**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant: Harold Wilkerson

(b) Address: 3520 College Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 / 10 / 1946
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: Freeman Mortuary & Chapel

(b) Address: 104 West 42nd Street

19. (a) 6-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. **3520 College Avenue** **8**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-9 1946 to 6-7 1946
that I last saw her alive on **5-22-46** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Spastic paraplegia probably Multiple Sclerosis** **12 yrs.**

Due to **(n. m. o.)**

Due to _____

Other conditions **82-1**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: **None.**

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? _____

23. Signature: Geraldine Holmes (M. D. or other) MS
Address **924 Pine Blk. R.C. 8th** Date signed **6-7-46**

*The Embalmer's
Signature*

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 *Elmer C. Redelin*

Licensed Embalmer No. *3495*

P. O. Address *K. O. 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.