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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37312

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 352

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

1. PLACE OF DEATH:

(a) County Jackson Independence City

(b) City or town _____

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: 48 hours in hospital or institution. 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 620 So. Pleasant
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ralph M. Wilcox

3. (b) If veteran, name war >

3. (c) Social Security No. 490-16-5756

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1946 hour 6 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 1 1886
(Month) (Day) (Year)

Immediate cause of death

Carcinoma of Lung
& metastasis to
Liver.

Due to _____

Due to _____

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

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

60 8 17 hr. _____ min.

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

Major findings: 47D

Of operations _____

Of autopsy See above

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation laborer

11. Industry or business Permat Veneering Co.

12. Name Charles W. Wilcox

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

14. Maiden name Josephine Henning

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

16. (a) Informant Mrs. Irm Haldeman

(b) Address 830 So. Park

17. (a) Burial (b) Date thereof Oct 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director OT + Mitchell

(b) Address 310 N. Main St

19. (a) 10-26-46 (b) Jane [Signature]
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature A.E. [Signature] (M. D. or other) MD

Address 2800 N. Main (City or town) (State) Mo

354 (Licensed Embalmer's Statement on Reverse Side)

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 Henry Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep, 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.