

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40914
State File No. _____
Registrar's No. **5443**

Registration District No. **149**

Primary Registration District No. **1002**

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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
In this community **20 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ralph Lee Wilcox**
3. (b) If veteran, name war **World War 1**
3. (c) Social Security No. **487-09-4808**

4. Sex **male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Frances S.**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **October 3 1887**
(Month) (Day) (Year)

8. AGE: Years **59** Months **2** Days **21**
If less than one day hr. min.

9. Birthplace **Cresco Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sweeper**

11. Industry or business **Washburn Crosby Milling Co**

MOTHER FATHER

12. Name **Chas. S. Wilcox**

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

14. Maiden name **Belle Howlett**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Wilcox**

(b) Address **3630 Indiana**

17. (a) **Burial** (b) Date thereof **12-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cem.**

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

(b) Address **2825 Independence Blvd.**

19. (a) **12-27-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3630 Indiana**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **24**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 18**
1946, to **Dec 24**, 1946;
(that I last saw him alive on **Dec 24**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Degeneration** Duration **1 mo**

Due to **Pulmonary Edema** **2 weeks**

Due to **Arteriosclerosis** **? yrs**

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

Major findings: **932**
Of operations _____

Of autopsy _____

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 **TI**

23. Signature **John M. Powers** (M. D. or other) **MD.**
Address **2982 Lockridge** Date signed **12/26/46**

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

Dr John Powers -
2932 Latrobe
Li 2409

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 W. D. Blackman
Licensed Embalmer No. 3639
P. O. Address W. 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.