

**FILED JUN 17 1947**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2418**

**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:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 DAYS**  
(Specify whether years, months or days)

In this community **19 YRS.**

**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. **1029 TRACY**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **WILMA JUNE HESS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unk.**

4. Sex **FEMALE**

5. Color or race **NEGRO**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **18** years (Day) (Year)

7. Birth date of deceased **JUNE 18, 1925**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>21</b>	<b>11</b>	<b>13</b>	hr. min.

9. Birthplace **TULSA OKLAHOMA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business

**MOTHER FATHER**

12. Name **ORVILLE HESS**

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

14. Maiden name **FRANCES MERIES**

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

16. (a) Informant **FRANCES HESS (MOTHER)**

(b) Address **1029 Tracy Avenue**

17. (a) **Burial** (b) Date thereof **6/5/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director *Watkins*

(b) Address **1929 Taylor Avenue**

19. (a) **6-3-47** (b) *Geraldine Holmes*  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **JUNE** day **1**, year **1947** hour **12:** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **MAY 7, 1947** to **JUNE 1, 1947** that I last saw h. **ER** alive on **JUNE 1, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **GENERALIZED PERITONITIS**

Due to **delivered 5-7-47 full term removal of part of placenta 5-9-47**

Due to

Other conditions **1478**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **SAME AS ABOVE**

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

23. Signature *[Signature]* (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **6/1/47**

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..... *Jerome Max Love* .....  
Licensed Embalmer No. *3994* .....  
P. O. Address. *2503 Highland* .....

**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.**