

FILED AUG 26 1947

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:
1429 Van Brunt Blvd.
(If not in hospital or institution, write street number or location)

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

In this community **3 years**

3. (a) PRINT FULL NAME **Roy M. Wilcox**

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

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mabel K. Wilcox**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Dec. 22nd. 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	20	hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Milo G. Wilcox**

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

14. Maiden name **Mary Ashley**

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

16. (a) Informant **Mrs. Mabel Wilcox**

(b) Address **1429 Van Brunt Blvd., K.C. Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **8/13/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Butler, Mo. Oak Hill Cem.**

18. (a) Signature of funeral director **Earp & Sons Funeral H.**

(b) Address **4139 E. 15th. St., K.C. Mo.**

19. (a) **8-12-47** **Theralline Holmes**
(Date received local registrar) (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. **1429 Van Brunt Blvd.** **8**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12th.**
year **1947** hour **5** minute **A.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.

Immediate cause of death **Coronary Insufficiency**

Due to **retius return**

Due to _____

Other conditions **95C**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **see history & inspection**

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 _____ **3**

23. Signature **James Walker** (M. D. or other) **Crain**

Address **1429 Van Brunt Blvd.** Date signed **8-12-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

John B. Camp
.....
Licensed Embalmer No. *2955*.....

P.O. Address *15 C. WMA*.....

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.