. S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 5156

Registrar's No. 468

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: 412 West 47th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 50 years

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.: 412 West 47th Street, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) U
If yes, name country: x

3. (a) PRINT FULL NAME: Miss Rose S. Wickey

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

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single C

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: October (Month) 28 (Day) 1876 (Year)

8. AGE: Years 71 | Months 3 | Days 2 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Public School System

11. Industry or business: x

12. Name: Henry Wickey 9

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

14. Maiden name: Rose Eby

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

16. (a) Informant: Mrs. Irwin Eby Trefzer,

(b) Address: 418 W. 60th Ter., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1948 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from Mar 17, 1947, to Jan 30, 1948; that I last saw her alive on Jan 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	3 mos.
Due to Arteriosclerosis	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83 b

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: A. J. Shafford (M. D. or other)

Address: Argyle Bldg. K.C. Mo. Date signed: 1-31-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. ~~Spofford~~ SPAFFORD

Argyle Bldg.
V. 4425

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 468-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of February, 1948, before me appears Irene Eby Trefzer, who, upon her oath, states that the original record of ~~birth~~ death for Rose S. Wickey, died ~~born~~ Jan. 30, 1948, in the State of Missouri, and which was filed at Kansas City on 2/2, 1948, should be corrected as follows:

Item No. 16(a) should read Mrs. Irene Eby Trefzer
Instead of Mrs. Irwin Eby Trefzer

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Irene Eby Trefzer (Aunt)
Relationship.

418 W. 60th St. Terrace
K. C. Mo.
Present Address.

Subscribed and sworn to before me this 8th day of February, 1948

My Commission expires Oct 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-5156 1948