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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

962

FILED MAR 20 1948  
Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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

2682

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Delory Convalescent Home #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: Three yrs  
(Specify whether in this community years, months or days) 504 Benton Blvd. 3 yrs

3. (a) PRINT FULL NAME MARTHA JEFFERS WILSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife George E. Wilson

6. (c) Age of husband or wife if alive 30 years (Day) (Year) 1863

7. Birth date of deceased Nov 30 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>2</u>	<u>28</u>	hr. min.

9. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Moberly

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

14. Maiden name Anna Williams

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

16. (a) Informant Pauline Grubbs

(b) Address Kearney Mo

17. (a) Burial (b) Date thereof Mar 2 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cen Kearney Mo

18. (a) Signature of funeral director Leonard Fay

(b) Address Kearney Mo

19. (a) 3-1-48 (b) Heraldine Holman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2<sup>nd</sup> day 28<sup>th</sup> year 1948 hour 5 minute 18 P. M.

21. I hereby certify that I attended the deceased from Feb 22, 1948, to Feb 28, 1948, that I last saw her alive on Feb 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 830  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Thelma Volante (M. D. or other) \_\_\_\_\_  
Address 1124 Thompson St Date signed 3/4/48

Kansas City Mo

NOV 30 1977

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**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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.**