

FILED MAY 15 1948

Registration District No. 149

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 142981

Registrar's No. 1918

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 50 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. 580 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29
year 1948 hour 11:45 minute A. M.
21. I hereby certify that I attended the deceased from April 24
1948 to April 29 1948
that I last saw her alive on April 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
HYPERTENSIVE TYPE HEART DISEASE

Due to GENERALIZED ARTERIOSCLERATIC CHANGES

Due to SENILE VAGINITIS

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at (Specify type of place) (e) (Specify type of place) (e) (Specify type of place)

23. Signature (M. D. or other) Address 600 East 22nd Street Date signed 4/30/48

3. (a) PRINT FULL NAME PRISCILLA WINGFIELD

3. (b) If veteran, name war (c) Social Security No.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IRVIN 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: OCTOBER 20 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 27-9 If less than one day hr. min.

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

10. Usual occupation: HOUSEWIFE

11. Industry or business

12. Name: ALEXANDER STULES

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

14. Maiden name: ANNIE MURDOCK

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

16. (a) Informant: HUSBAND: IRVIN WINGFIELD

(b) Address: 580 Troost Avenue

17. (a) (b) Date thereof: 5-3-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Highland

18. (a) Signature of funeral director: R. C. MO. (b) Address: 2000 E. 12th St. R. C. MO.

(c) Date received local registrar: 5-3-48 (d) Registrar's signature: Geraldine Holmes

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 30 1948

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 *Kenneth Kerford*
Licensed Embalmer No. 4437

P. O. Address.....

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.