

No. 2
-12-45
-17-39
X47070

FILED JUL 3 1948
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:
515 Admiral 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) 1 week

In this community 1 week

3. (a) PRINT FULL NAME Ida F Wilkinson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fm

5. Color or race w

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb 3 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 21
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Salomon Davis

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

14. Maiden name Sally A Shore

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

16. (a) Informant John C Wilkinson

(b) Address Bates City mo

17. (a) Burial (b) Date thereof 6-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chr mo

18. (a) Signature of funeral director Mrs G B Webb - Son

(b) Address 2429 Olive mo

19. (a) 6-26-48 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7 mi South
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-22-48
to 6-24 1948
that I last saw h. alive on 6-24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 2 hours

Due to Toxemia 4 days

Due to Carcinoma Right lung, Year
and Carcinoma Bliver

Other conditions Mild Heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations 478

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?

While at work? (Specify type of place) Means of injury 2

23. Signature Wm R. ... (M.D. or other) Dr
Address 3034 Harrison Date signed 6-24-48

JUL 19 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.....

Kenneth Royer....., Registered Apprentice No. *63*
working under my personal supervision.

Signed..... *R Burk*.....

Licensed Embalmer No. *2353*.....

P. O. Address *Blue Springs 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.