

U.S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

30019

FILED SEP 25 1948

State File No. _____
Registrar's No. 3767

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, Mo
(c) Name of hospital or institution Memorial
(d) Length of stay: In hospital or institution 14 hrs 12/15
In this community 19 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(d) Street No. 902 Cambridge
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Nancy Lee Wilder
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPTEMBER day 13th
year 1948 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from August 25
1948 to SEP. 13 1948

4. female 5. Color or race white 6. (b) Single, widowed, married, divorced 0
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 24 1948

that I last saw her alive on September 11 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Congenital Heart Disease; Persistent Truncus arteriosus; Patent Foramen Ovale; Interventricular Septal Defect; Myocardial Hypertrophy
Duration 3 weeks

8. AGE: Years - Months - Days 20 hr - min

9. Birthplace Kansas City, Mo.

10. Usual occupation infant

11. Industry or business _____

12. Name Keith Wilder
13. Birthplace Harlan Iowa
14. Maiden name W. Colemen
15. Birthplace Harrison Ark.

16. (a) Informant Keith Wilder
(b) Address 902 Cambridge

17. (a) Burial (b) Date thereof Aug 15 48
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. Wilder
(b) Address 6606 Grand Ave

19. (a) 9-14-48 (b) Registrar's signature

Other conditions _____
Major findings: 1572
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? _____
(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 _____
Signature Joseph Boenigke, M.D.
Address 121 W. 63rd St. Date signed 9/13/48

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.....

Charles E Mayfield, Registered Apprentice No. *18*
working under my personal supervision.

Signed.....

J. Sheil

Licensed Embalmer No. *3625*

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.