

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30021**
Registrar's No. **3864**

Registration District No. **1948/49**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 DAYS**
(Specify whether years, months or days) **45 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. **4120 E. 14TH STREET TERRACE**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ELIZABETH WILSON**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **HARRY W. WILSON** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **FEBRUARY 10, 1876**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **10** If less than one day hr. min.

9. Birthplace **COLUMBIA TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **NED PERKINS**

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

14. Maiden name **ELIZABETH**

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

16. (a) Informant **HARRY W. WILSON (HUSBAND)**

(b) Address **4120 E. 14TH STREET TERRACE**

17. (a) **BURIAL** (b) Date thereof **9/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HIGHLAND**

18. (a) Signature of funeral director **The Atkins Bros**

(b) Address **1729 Lydia Ave**

19. (a) **9-21-48** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** 20, year **1948** hour **4:** minute **35 A. M.**

21. I hereby certify that I attended the deceased from **SEPTEMBER 6, 1948** to **SEPTEMBER 20, 1948**; that I last saw h. **ER** alive on **SEPTEMBER 20, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL ARTERIOSCLE- ROSIS: CONFLUENT BRONCHO-PNEUMONIA** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations

Of autopsy **SAME AS ABOVE**

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) (c) Means of injury

23. Signature **Frank** (M. D. or other) **MD**
Address **GENERAL HOSPITAL NO. 2** Date signed **9/20/48**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Jerome Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.