

FILED NOV 16 1948

State File No.

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

4127

## 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:  
Conley Clinical Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
1 Day (Specify whether  
 In this community...  
 years, months or days)

3. (a) PRINT FULL NAME Sharon Jean 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 Single

6. (b) Name of husband or wife. \* 6. (c) Age of husband or wife if alive. \* years

7. Birth date of deceased. 10 27 1948  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
- - 1 hr. min.

9. Birthplace Kansas City Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Loren E. Wilson13. Birthplace Kansas  
(City, town, or county) (State or foreign country)14. Maiden name Beatrice Bravo15. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Loren E. Wilson(b) Address 1014 Admiral Blvd.17. (a) Burial (b) Date thereof 10-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Washington18. (a) Signature of funeral director Mrs. C.L. Forster(b) Address Kansas City, Missouri19. (a) 10-30-48 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

## 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. 1014 Admiral Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th  
 year 1948 hour 6<sup>AM</sup> minute 19 A.M.

21. I hereby certify that I attended the deceased from Oct 27  
1948 to 10-28, 1948  
 that I last saw her alive on 10-28, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity with congenital debility Duration

Due to

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy Atelectasis, with evidence of prematurity.

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 J. P. Watt (M. D. or other) D.O.Address 3314 E 43<sup>rd</sup> N.C.4, Mo. Date signed 10-29-48

---

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..... *Robert A. Herriman*

Licensed Embalmer No. *3700*

P. O. Address..... *KC 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.**