

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40458**

FILED JAN 5 1949

48
44

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 403	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 2 Wks		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 1100 S. Ash Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Parry b. (Middle) Beatrice c. (Last) Wilcox			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1948				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 30, 1896	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 2 Days 19	IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk/wife		10b. KIND OF BUSINESS OR INDUSTRY Bach-Gunningham Grocery Co., Inc		11. BIRTHPLACE (State or foreign country) Walpole, Ills.		12. CITIZEN OF WHAT COUNTRY? American	
13a. FATHER'S NAME Mathew Davis		13b. MOTHER'S MAIDEN NAME Hettie E. Martin		14. NAME OF HUSBAND OR WIFE Roy Lewis Wilcox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494 12 1909	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy L. Wilcox, 1100 S. Ash. K.C.3, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. A2A		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic glomerular nephritis				INTERVAL BETWEEN ONSET AND DEATH about 1944 to date	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? D			
22. I hereby certify that I attended the deceased from _____, 19____, to Dec. 19, 1948 , that I last saw the deceased alive on Dec. 19, 1948 , and that death occurred at P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. H. Allen M.D.			23b. ADDRESS First National Bank			23c. DATE SIGNED Dec. 20, 1948	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/22/48	24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 12/20/48	REGISTRAR'S SIGNATURE James H. Keagy		354 36 25. FUNERAL DIRECTOR'S SIGNATURE Geo. G. Larson		ADDRESS Independence, Mo.		

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

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 _____

Richard D. Mullins

Student Embalmer No. 268

working under my personal supervision.

Student *Richard D. Mullins*.....

Student Embalmer

Signed

Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep 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.