

FILED MAY 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17007

1990

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) 6 years | | d. STREET ADDRESS (If rural, give location) 913 Troost Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 913 Troost Avenue | | | |

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|-------------------------------------|---------------------------|-------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) MELINDA | b. (Middle) ANNA | c. (Last) WICKAM | 4. DATE OF DEATH (Month) (Day) (Year) April 30 1950 |
|-------------------------------------|---------------------------|-------------------------|-------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH March 9, 1858 | 9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Novinger, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Andrew Donaldson | 13b. MOTHER'S MAIDEN NAME Hettie M. Johnson | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Andrew J. Wickam ADDRESS K.C. Mo. |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction | | 2 hrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) | | 10 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4201 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none. | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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? |

22. I hereby certify that I attended the deceased from **Jan 1947**, to **Apr 30, 1950**, that I last saw the deceased alive on **Apr 28, 1950** and that death occurred at **4:00 pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE F. W. Thompson (Degree or title) F. W. Thompson, D.D. | 23b. ADDRESS 705 Bryant Bldg | 23c. DATE SIGNED 4-30-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Apr. 30 1950 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
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| DATE REC'D BY LOCAL REG. 4-30-50 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster ADDRESS Funeral Home K.C. Mo. |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joe B. Yoder

Licensed Embalmer No. *4173*

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.