

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41093

State File No. ....

5314

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>2011 East 13th Street</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>GEORGE</b>	b. (Middle)	c. (Last) <b>WILKINS</b>	(Month) <b>DECEMBER</b>	(Day) <b>15</b>	(Year) <b>1950</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 11 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>WASH, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>JOHN HENRY WILKINS</b>	13b. MOTHER'S MAIDEN NAME <b>JANE WILKINS</b>	14. NAME OF HUSBAND OR WIFE <b>FRANCES WILKINS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRANCES WILKINS</b>	ADDRESS <b>2011 East 13th Street</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TERMINAL UREMIA</b>	DUPLICATE OF (b) <b>HYPERTENSIVE CARDIO VASCULAR DISEASE</b>		<b>44 3/4</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE OF (c) <b>OLD CEREBRAL VASCULAR ACCIDENT WITH RT HEMIPLEGIA</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>SECONDARY ANEMIA (BLOOD LOSS)</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-9-, 1950, to 12-15, 1950 at I last saw the deceased alive on 12-15, 1950, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Elmer</b>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>12-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-19-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>	24d. LOCATION (City, town, or county) (State) <b>Blue Ridge Blk. N.C. Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-19-50</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brigham &amp; Jones</b>	ADDRESS <b>2300 E. 17th St. MO</b>
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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.

Signed.....  
Student Embalmer

Signed

*Laurence R. Jones*  
Student Embalmer No.....

Licensed Embalmer No. *4429*

P. O. Address *2300 E. 18th St. C.O.*

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.