S. No. 300
V. 10.48

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4049

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, Mo
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bogard Mo.
d. STREET ADDRESS (If rural, give location): City 0170 X

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle): Bartlett
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): 9 - 22 - 51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed V
8. DATE OF BIRTH: Dec 24, ~~1894~~ 1893
9. AGE (In years last birthday): ~~56~~ 57 — IF UNDER 1 YEAR: Months ~~8~~ Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Bogard, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ulysses S. Bartlett
13b. MOTHER'S MAIDEN NAME: Cora Dodge
14. NAME OF HUSBAND OR WIFE: Fred A Wilson - Deceased

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen Forsythe — ADDRESS: Grandview 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary abscess, chronic, Rt. non T.B. — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atelectasis left lung — 48 hrs.
DUE TO (c): — 521 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pneumonectomy, Rt., total — 48 hrs.

19a. DATE OF OPERATION: 9/20/51
19b. MAJOR FINDINGS OF OPERATION: multiple abscess, Rt lung c̄ calcified nodes non T.B.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Sept., 1951, *to* 22 Sept, 1951, *that I last saw the deceased* ✓ *alive on* 22 Sept, 1951, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John H. Mayer Jr (Degree or title): John H Mayer Jr. UMD
23b. ADDRESS: 618 Prof. Bldg. KC. Mo
23c. DATE SIGNED: 9/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 4
24b. DATE: Sept 24 51
24c. NAME OF CEMETERY OR CREMATORY: Coloma
24d. LOCATION (City, town, or county) (State): Bogard Mo

DATE REC'D BY LOCAL REG.: 9-22-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: E. A. Dickerson — ADDRESS: Bogard Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Oct. 24, 1951 Corr. by aff.

FEB 21 1962

AUG 21 1956

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 E. A. Lusanson

Signed.....
Student Embalmer

Licensed Embalmer No. 2534

P. O. Address Bogard, 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.

State of MO } ss.
County of ~~Jackson~~ Carroll

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33950
Local Registrar's No.

On this 4th day of October, 1951, before me appears R.E. Dickerson, who, upon his oath, states that the original record of ~~birth~~ death for Della Bartlett Wilson ~~born~~ died Sept 22, 1951, in the State of Missouri, and which was filed at Kansas City on 9-22, 1951, should be corrected as follows:

Item No. 8 should read December 24, 1893
Instead of December 24, 1894

Item No. 9 should read 57 yrs 8 mo 28 da
Instead of 56 yrs 8 mo 28 da

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R.E. Dickerson None
Relationship.

Bogard, Mo
Present Address.

Subscribed and sworn to before me this 4th day of October, 1951

My Commission expires June 6-1953 Janie Henderson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
P I X38667