V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34485

BIRTH NO. 1 1952 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 81

024

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): No. Kansas City
c. LENGTH OF STAY (in this place): 1 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1027 E 21st Ave (daughter's home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City
d. STREET ADDRESS (If rural, give location): 1027 E. 21st. Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): (Mrs) Bertha
b. (Middle): Jane
c. (Last): Wilmott

4. DATE OF DEATH (Month) (Day) (Year): 10-22-52

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 19, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 9, Days 8 — 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): Boulder, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Antone Weaver
13b. MOTHER'S MAIDEN NAME: Anna Kovin
14. NAME OF HUSBAND OR WIFE: Robert P. Wilmott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Arthur Stevens Ex Service — ADDRESS: Ph. No. 3685 1027 E. 21st Ave

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): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 day

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
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* 10-22, 1952 *to* Death 19__, *that I last saw the deceased alive on* 10-22, 1952 *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 2025 Swift North KC
23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-52
24c. NAME OF CEMETERY OR CREMATORY: White Chapel M.G.
24d. LOCATION (City, town, or county) (State): Clay Co. Mo.

DATE REC'D BY LOCAL REG.: Oct 27-52
REGISTRAR'S SIGNATURE: Beulah Kitchen
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons — ADDRESS: North Kansas City

(Licensed Embalmer's Statement on Reverse Side)

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 Glen H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Avondale, 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.