No. 2
1-10-39
1-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28737

Registration District No. 409 Primary Registration District No. 55533 Registrar's No. 164

1. PLACE OF DEATH:
(a) County Jackson Prairie Twp
(b) City or town Little Blue, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home (hospital)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six days (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 2007 E. 83rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

8. (a) PRINT FULL NAME Mrs. Arvie Wilson 1125

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Fe
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Wilson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct. (Month) 20 (Day) 1864 (Year)

8. AGE: Years 75 Months 10 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Tenn. (City, town, or county) ____ (State or foreign country)
10. Usual occupation At. Home.
11. Industry or business
12. FATHER Name Don't Know
13. FATHER Birthplace Don't know (City, town, or county) ____ (State or foreign country)
14. MOTHER Maiden name Don't Know
15. MOTHER Birthplace Don't know (City, town, or county) ____ (State or foreign country)
16. (a) Informant Mr. John W. Ludecke
(b) Address 2007 E. 83rd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director R.V.LINDSEY & SONS
(b) Address 3811 Broadway, K. C. Mo.
19. (a) 8/26/40 (Date received by registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1940 hour 7:40 minute AM M.
21. I hereby certify that I attended the deceased from 8-18-40, 19__, to 8-25-, 1940 that I last saw h. or alive on 8-25-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Edema 4 Dy
Hypostatic Bronchopneumonia 3 Dy
Pulmonary Edema 3 Dy
Due to Chronic Glomerulonephritis 5
Due to
Other conditions (include pregnancy within 3 months of death) Recent Prostatic Tumor Cancer
Major findings: Of operations 6 months ago
Of autopsy No
PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank E. Dukeman M.D.
Address Jackson Co. Home Little Blue, Mo. Date signed 8-25-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3738

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.