

Registration District No. **NOV 1 1940**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Conley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Week (Specify whether  
In this community 20 year  
years, months or days)

3. (a) PRINT FULL NAME Edward Wildersin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Wildersin 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12-10-1880  
(Month) (Day) (Year)

8. AGE: Years 59 Months 14 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newmarket Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Hasn't worked number of years!

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Mond  
15. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Wildersin

(b) Address 1216 Scott

17. (a) Rural (b) Date thereof 10-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director M. M. Crowe

(b) Address 644 Kansas

19. (a) 10-12-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Woods  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1216 Scott  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10  
year 1940 hour 8 minute 20 M.

21. I hereby certify that I attended the deceased from Sept. 16,  
1940 to Oct. 10, 1940

that I last saw him alive on Oct. 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration \_\_\_\_\_

Due to myocardial degeneration

Due to arteriosclerosis and infarction

Due to intussusception

Other conditions 93C  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Intussusception, pulmonary edema, myocardial degeneration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. Raymond Hall (M. D. or other) A.O.

Address 260 3rd St. Bldg. Date signed 10/11/40

WRITE PLAINLY—USE 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

*Katie Daniels Parish*

, Registered Apprentice No.

working under my personal supervision.

Signed

*Katie Daniels Parish*

Licensed Embalmer No. *2391*

P. O. Address *Hans City, Kansas*

**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, above space should be left blank.**