

JAN 16 1940
Registration District No. **399**

Primary Registration District No. **1002**

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

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: Mercy Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: _____ in hospital or institution. 1
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Jaunita Lucille Wilhelm
3. (b) Is veteran name war no **3. (c) Social Security No.** no

4. Sex Female **5. Color of hair** White **6. (a) Single, widowed, married, divorced.** _____
6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased. Aug - 14 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business Infant

MOTHER FATHER
12. Name James R. Wilhelm
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name McClary
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Wilhelm
(b) Address 733 Highland
17. (a) Burial Burial **(b) Date thereof** Dec 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flores Hill
18. (a) Signature of funeral director Wm. C. L. Foster
(b) Address 718 Brooklyn R.C. Mo
19. (a) 12-24-40 **(b) M. M. Grove**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 733 Highland
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 23
 year 1940 hour 4 minute 15 a. m.
21. I hereby certify that I attended the deceased from Dec. 20, 1940 to Dec 23, 1940
 that I last saw her alive on Dec 23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Broncho-pneumonia
Due to _____
Due to _____
 Other conditions 1070
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
361 While at work 361 (Specify type of place) _____
 (e) Means of injury 1
23. Signature Delia G. A. Keel (M. D. or other) _____
 Address 628 Perry Bldg Date signed _____

0-7110000

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 *Me*

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. Clair Shipp

Licensed Embalmer No. 4179

P. O. Address *R. C. Me*

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.