

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

FILED JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4929**

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:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether
In this community **2 months,**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. DeEtta Wilson,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed,**
6. (b) Name of husband or wife **William Wilson,** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **February 29 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **25** If less than one day
hr. / min.

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

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER { 12. Name **George A. Greiner,**
13. Birthplace **Ohio,**
(City, town, or county) (State or foreign country)
14. Maiden name **Patience Folkerth,**
15. Birthplace **Ohio,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell Greiner,**

(b) Address **Brookside Hotel, K. C., Mo.**

17. (a) **Removal** (b) Date thereof **12-28-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Xenia, Ohio.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1226-40** (b) **M. H. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ohio,** (b) County
(c) City or town **Xenia,**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? **no.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **23rd**
year **1940** hour **6:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 14,**
1940 to **Dec 23** **1940**
that I last saw him alive on **Dec 23** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Peritonitis** Duration **4 days**

Due to **Undetermined**
Due to **129**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Not done**

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?

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

23. Signature **Lawrence P. Engel** (M. D. or other)
Address **Plaza Med. Bldg** Date signed **Dec 26 1940**

St. Luke

Dr. Larry Engel

Plaza 7th and 14th

Do 3150

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 74 C. 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, above space should be left blank.