

FILED AUG 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2747**

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **1 Day 0** (Specify whether years, months or days)

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. **4715 Harrison**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If (yes, name country.....)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1941** hour **2** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **7-17-41** 19... to **7-17-41** 19...;
that I last saw him **alive on 7-17-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Ancephalic monster**

Due to **157c**

Due to **157c**

Other conditions (include pregnancy within 3 months of death) **157c**

Major findings: Of operations

Of autopsy **See above.**

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 **Amey R. Thow** (M. D. or other) **D**
Address **Med. Dir. K.C. General Hospital** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Wilkins infant**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 17, 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **1 hr. 30 min.**

9. Birthplace **17c** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Charles Wilkins**

13. Birthplace **Jacksonville, Fla.**

14. Maiden name **Virginia M. Lutz**

15. Birthplace **MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **K.C. Gen. Hosp.**

17. (a) **Burial** (b) Date thereof **7-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Field**

18. (a) Signature of funeral director **Wm. A. Robinson**

(b) Address **K.C. Gen. Hosp.**

19. (a) **7-22-41** (b) **W. M. Crowe**
(Date received local registrar) (Registrar's signature)

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

48
2638

011842

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.....

P. O. Address.....

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.