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

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27469

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3127

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: 3541 Hardesty (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community About 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3541 Hardesty (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ida Bell Cooper Wilkerson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Mar. 1

6. (b) Name of husband or wife Samuel Wilkerson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sep. (Month) 15 (Day) 1867 (Year)

8. AGE: Years 73 Months 10 Days 28 If less than one day ... hr. ... min.

9. Birthplace Huntsville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Merrill James
13. Birthplace unk (City, town, or county) unk 9 (State or foreign country)

MOTHER
14. Maiden name Melvina
15. Birthplace unk. (City, town, or county) unk. 9 (State or foreign country)

16. (a) Informant Marshall Burton

(b) Address 818 E. 10th Apt. U.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Lem

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo

19. (a) 8/18/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ... day 8.13.41 year ... hour ... minute ... M.

21. I hereby certify that I attended the deceased from ... 19..., to ... 1050 ... that I last saw ... alive on ... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ... Duration

Due to Hypertensive heart disease

Due to ... 93 B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other) 3

Address K.C. Mo. Date signed

(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. Edw S Evans

Licensed Embalmer No. 3836

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.