

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 769

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:
3121 McGee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 62 years
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. 3121 McGee
(If rural, give location)
(e) Citizen of foreign country? 6 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Clara Irene Wilson

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

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

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

7. Birth date of deceased March 18 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Job Lybarger
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary W. Apel
(b) Address 3121 McGee St.

17. (a) Burial (b) Date thereof 2-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 2/24/42 (b) M. McCrowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from doctor
1932 to Feb 22 1942
that I last saw her alive on Feb 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to repeated attack of coronary disease since 1932

Due to giga

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

Duration
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) (c) Means of injury
23. Signature Amir Benhos (M. D. or other)
Address 400 Argyle KC Mo. Date signed 2-22-42

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~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address

Kc 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, fact should be so stated above.