

S. No. 2
 4-9-4-41
 v. 5-17-39
 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

36475

State File No.

Registrar's No.

4314

FILED DEC 7 1942 49
 Registration District No.

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:
401 East 36th Street, 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
(Specify whether
 In this community 1 year
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. 401 East 36th Street
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME

Alvin E. Wilkie

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

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

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

7. Birth date of deceased November 27, 1882 1961
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 27 If less than one day
hr. min.

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

10. Usual occupation Retired

11. Industry or business Railroad man

12. (a) Name Unknown (b) Name Unknown 9
(City, town, or county) (State or foreign country)

13. (a) Maiden name Unknown (b) Maiden name Unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ed Wilkie
 (b) Address 612 W 69th St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 11-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-19-42 (b) M. D. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
 year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 17 1942 to Nov. 19 1942
 that I last saw him alive on Nov. 19 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute glomerular nephritis 14 days
 Due to Chronic myocarditis yrs.

Due to 93.5
 Other conditions 93.5
(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?

While at work _____ (Specify type of place)
 (b) Means of injury 200
 23. Signature Herman Shablin (M. D. or other) DO.
 Address 3208 Independence Date signed 11-19-42

~~Dr. Shallice~~
Dr. Shallice

3208 Ind. Ave.

Cpl. 1230

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

N. E. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Oklahoma
County of JACKSON } ss.

State File No. _____
Local Registrar's No. 4314

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this _____ day of DECEMBER, 1942 before me appears _____
Mrs Fred Jackman, who, upon her oath, states that the original record of ~~birth~~ death
for Alvin E. Wilkie, died Nov 19, 1942, in the State of
Missouri, and which was filed at KC on 11-19, 1942 should be corrected as follows:

Item No. 7 should read November 14 1861

Instead of November 22 1852

Item No. 8 should read 81 yrs 0 months 5 days

Instead of 89 yrs 11 months 27 days

Item No. 9 should read Pennsylvania

Instead of Maryland

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of Information verified by presentation

Item No. _____ should read of family record.

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs Fred Jackman Daughter
Relationship Daughter

ALTUS, OKLA., Box 387
Present Address.

Subscribed and sworn to before me this 28 day of DECEMBER, 1942.

My Commission expires Nov. 28, 1943 W. McAnally Notary Public.

S-36475 1942