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V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4544

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: 21 East 51st St. Terrace 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 21 East 51st Terrace
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME NORMAN C. WAKEFIELD

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-2351

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Charlotte M. Wakefield

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 19, 1882
(Month) (Day) (Year)

8. AGE: Years 60 ~~59~~ Months 6 Days 14 ~~15~~ If less than one day hr. min.

9. Birthplace (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Long Construction Co.

FATHER
12. Name Edwin Wakefield
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Jane Burden
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Charlotte Wakefield
(b) Address 21 East 51st Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Quirk and Robins
(b) Address 20 West Linwood

19. (a) 12-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1942 hour 12: minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 25-42, 19, to Dec. 3, 1942, that I last saw him alive on Dec 3-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	39 days
Due to Hypertension 94a	3 or 4 years
Due to	
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 J. W. Gravelish M.D. (M. D. or other)
Address 3706 Broadway K.C. Mo. Date signed 12/3-42

36 (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 Charles M Zurk

Licensed Embalmer No. 3774

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.