S. No. 2
M—5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13491

FILED MAY 5 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1764

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 2546 Gillham Road
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gloria June Wolverton

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 Single

6. (b) Name of husband or wife ----

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

7. Birth date of deceased June (Month) 26 (Day) 1935 (Year)

8. AGE: Years 7 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At School

11. Industry or business

FATHER
12. Name Ercele W. Wolverton
13. Birthplace Greenleaf (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Oval Patton
15. Birthplace Mount Vernon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. W. Wolverton
(b) Address 2546 Gillham Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) 4-13-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1943 hour 6 minute 30 am

21. I hereby certify that I attended the deceased from Jan 2nd 1943 to April 12 1943 that I last saw her alive on April 11th 19 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Acute Nephritis

Due to Diseased Tonsils

Other conditions Odema of Lungs
(Include pregnancy within 3 months of death) 115 c²

Major findings:
Of operations
Of autopsy Nephritis, Oedema Lungs

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 3719 Delaware Date signed 4/12/43

(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 Clarence H Chili

Licensed Embalmer No. 3473

P. O. Address Ko 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.