

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
**FILED JUN 24 1943**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **2513**

Registration District No. **149**

Primary Registration District No. **1602**

**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:  
**1015 Armour Boulevard /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... **NO.** (Specify whether  
In this community... **50 years** (Specify whether  
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... **1015 Armour Boulevard**  
(If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country... **X**

**3. (a) PRINT FULL NAME** **Mrs. Mary Elizabeth Wilson,**  
**3. (b) If veteran,** name war **NO.** **3. (c) Social Security** No. **X**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month... **June** day... **1st,**  
year... **1943** hour... **12:05** minute... **P.M.**

**4. Sex** **Female** **5. Color or** **White** **6. (a) Single, widowed, married,**  
**2** **divorced** **Widowed**  
**6. (b) Name of husband or wife**... **William R. Wilson, Sr.** **6. (c) Age of husband or wife if**  
alive... **X** years  
**7. Birth date of deceased**... **September** **21** **1873**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_ **19...**  
to \_\_\_\_\_ **19...**  
that I last saw h... **Deputy Coroner**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
**69** **8** **10** hr. min.

Immediate cause of death... **Arteriosclerotic Heart**  
Due to... **Disease**

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

Other conditions... **9319**  
(Include pregnancy within 3 months of death)

**10. Usual occupation**... **at home,**

**11. Industry or business**... **X**  
**12. Name**... **Hartman Berg,**  
**13. Birthplace**... **Pennsylvania,**  
(City, town, or county) (State or foreign country)  
**14. Maiden name**... **Christina Rogor**  
**15. Birthplace**... **Pennsylvania,**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations...  
Of autopsy... **Inspection & History**

**16. (a) Informant**... **William R. Wilson, Jr.**  
**(b) Address**... **503 N. 29th St., Kansas City, Kas**  
**17. (a) Burial** (b) Date thereof... **6-3-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... **Mt. Moriah Pantheon**

**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?

**18. (a) Signature of funeral director**... **Stine & McClure,**  
**(b) Address**... **3235 Gillham Plaza, Kansas City, Mo.**  
**19. (a) 6-2-43** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

While at work... (Specify type of place) (Means of injury)  
**23. Signature**... **W. E. Taylor** (M.D. or other)  
**W. E. Taylor** **W. E. Taylor**  
Address... **W. E. Taylor** Date signed... **6/2/43**

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

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 1415

P. O. Address. 15 E. 17th St.

**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.**