

S. No. 2
M-5-42
5-17-39
X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31031

State File No.

Registrar's No.

3859

Registration District No. 149

Primary Registration District No. 1002

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:
2918 TRACY I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether)
In this community 5 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2918 TRACY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 26
year 1943 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Aug 19 -
1943 to Aug 28 1943
that I last saw him alive on Aug 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis
Duration: 1 da
Due to: Reaction to scalding in bath tub Aug 18, 1943
Due to: Anterior Sclerotic Scleroderm

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 131K
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)
(e) Means of injury

23. Signature: A.W. Davis M.D. (M. D. or other)
Address: 402 Witham on Bldg Date signed: 8-26-43

3. (a) PRINT FULL NAME IVA RUE WILKERSON

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

4. Sex FEMALE 5. Color or race CAUC 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive. V years

7. Birth date of deceased: DECEMBER 21 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 5 If less than one day hr min

9. Birthplace: HOLDEN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business "

MOTHER FATHER { 12. Name JAMES A WILKERSON
13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name ADA JANE DONNELL
15. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant KATE KELLY

(b) Address HOLDEN MISSOURI

17. (a) BURIAL (b) Date thereof AUG 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN MO

18. (a) Signature of funeral director Canadian Rapp

(b) Address Holden MO

19. (a) 9-7-43 (b) J. E. Brown
(Date received from registrar) (Registrar's signature)

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 Samuel B Pappo

Licensed Embalmer No. 4044

P. O. Address Holden, 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.