

FILED MAY 5 1944

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1722

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:  
324 WEST 46TH STREET /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 17 YEARS  
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. 324 WEST 46TH STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MRS. STELLA ADDIE WILSON

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 WIDOWED  
6. (b) Name of husband or wife MR. SCOTT WILSON 6. (c) Age of husband or wife if alive years 15 1871  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 1 If less than one day hr. min.

9. Birthplace GLENWOOD IOWA (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER, FATHER { 12. Name FRANKLIN HIPSHER  
13. Birthplace OHIO (City, town, or county) (State or foreign country)  
14. Maiden name NANCY BOMER  
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant James C Wilson  
(b) Address 324 W 46th

17. (a) BURIAL (b) Date thereof APRIL 19 1944  
(Burial, cremation, or removal) MEMORIAL PARK CEMETERY  
(c) Place: burial or cremation KANSAS CITY, KANSAS

18. (a) Signature of funeral director D. E. Newcomer done  
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-18-44 (b) T. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16th year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerotic heart

Due to: Disease

Due to:

Other conditions: (Include pregnancy within 3 months of death) 93d

Major findings: Of operations:

Of autopsy: Inspection History

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) Means of injury

23. Signature D. E. Newcomer (M. D. or other) 28 McCoy Date signed 4/19/44

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 Ernie M. Colburn  
Licensed Embalmer No. 3506  
P. O. Address: K C 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.**