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K37823

20951

State File No. _____

2475

FILED JUN 29 1944
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jalini
(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 102 West Ray
(If rural, give locality).
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEACHIE RAYLEY 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 Perry Wilson 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased April 20 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>20</u>	____ hr. ____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business at home

MOTHER FATHER { 12. Name Joseph Jordan Rayley
13. Birthplace Kentucky
14. Maiden name Annie Barnes
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Julia G. Davis

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 6-13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Perse Harvey

(b) Address Sweet Springs Mo

19. (a) 6-11-44 (b) T. C. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-8, 1944, to 6-10, 1944
that I last saw her alive on 6-10-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis, obstruction gangrene of lower leg.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 98.2

Major findings: Of operations amputation above knee of sclerosis of vessels.

Of autopsy none

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? _____ (c) Means of injury _____

23. Signature C. J. Hunt (M. D. or other) _____

Address 15. C. ... Date signed 6-11-44

Duration

3 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Jesse Hawley

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.