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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37979  
Registrar's No. 262

Registration District No. 146

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural, Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1501 East Sea  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 28 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural, Blue Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1501 East Sea  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Cynthia Wilson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jonathan W. Wilson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 28<sup>th</sup>, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 9 3 hr. min.

9. Birthplace Davenport, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James White

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name No Data  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Niram W. Wilson

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 10-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maynd Grove Cemetery

18. (a) Signature of funeral director Edmund P. Speck

(b) Address Independence, Missouri

19. (a) 11-1-1944 (b) Edmund P. Speck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31<sup>st</sup>  
year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to Oct 10, 1944  
that I last saw her alive on Oct 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death renal sepsis

Due to Generalized arteriosclerotic vascular renal disease

Due to \_\_\_\_\_

Other conditions Malnutrition - Decubitus ulcers  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Harold V. Woods M.D. (M.D. or other)  
Address 11037 Wanner Road Date signed Nov 1, 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48  
0  
0

**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

*Roland D. Perke*

Licensed Embalmer No. *3604*

P. O. Address

*Indep. 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.**