

FILED DEC 22 1944 49
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **J. C.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2028 Kansas av**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **unfr.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **2028 Kansas** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ANNA LARETTA WILSON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **w**
6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 9 1881** (Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Cedar County Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Ed Vickus**

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

14. Maiden name **Dora Perrine**

15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Ruby H. Scott**

(b) Address **2028 Kansas av**

17. (a) **Remove** (b) Date thereof **12-17-44** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill (Ralls Mo)**

18. (a) Signature of funeral director **Arthur L. Pickersell**

(b) Address **Rayther Mo**
19. (a) **12-11-44** (b) **D. E. Brown** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11th** year **1944** hour **9:00** minute **15** M.

21. I hereby certify that I attended the deceased from **Nov 20** 19 **44**, to **Dec 11 - 1944** 19 _____

that I last saw her alive on **Dec 11th 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchio-Pneumonia**

Due to **Cerebral Hemorrhage** **10 day**

Due to _____

Other conditions **Chronic Nephritis** (Include pregnancy within 3 months of death)

Major findings: Of operations **1316**

Of autopsy _____

PHYSICIAN
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) **No**

(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 **D. Arthur L. Pickersell** (M. D. or other) **DD**
Address **5959 E. 13th, K.C. Mo** Date signed **12-11-44**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.