

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29976**  
**3929**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **3929**

1. PLACE OF DEATH:  
(a) County **Jackson**  
**Kansas City**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Menorah Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 Days**  
(Specify whether  
In this community **12 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
**Kansas City**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3502 Euclid Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **WILMA MARIE WILKERSON**  
(b) If veteran, **No** name war  
(c) Social Security **None** No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **22nd**  
year **1945** hour **9:20** minute **P.** M.  
21. I hereby certify that I attended the deceased from **1-3-35**  
19 to **9/22** 1945  
that I last saw her alive on **9/22** 1945  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Harold L. Wilkerson**  
6. (c) Age of husband or wife if alive **31** years  
7. Birth date of deceased **June 18th 1914**  
(Month) (Day) (Year)

Immediate cause of death  
**Toxic goiter**  
**Post operative hemorrhage**  
Due to  
Due to  
Other conditions:  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**31** **43** **4** hr. min.

Major findings: **638**  
Of operations  
Of autopsy **NO**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Franklin Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER  
12. Name **John Hocevar**  
13. Birthplace **Yugo Slavia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Josephine Lefoglow**  
15. Birthplace **Yugo Slavia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold L. Wilkerson**  
**3502 Euclid Avenue**

(b) Address **Removal**  
17. (a) **9-23-45** (b) **9/23/45**  
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation **Frontenac, Kansas**  
**Freeman Mortuary**

18. (a) Signature of funeral director  
(b) Address **104 West 42nd street**

19. (a) **9-23-45** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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 **J. S. Montgomery** (M. D. License)  
**Proposa Bldg** Address Date signed **9/23/45**

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

*Entirely done  
5 performed minutes: too*

**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 Walter H. Erwin  
Licensed Embalmer No. 4352  
P. O. Address Kansas City, 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.**