

FILED JUN 19 1946

Registration District No. 197 Primary Registration District No. 1002 Registrar's No. 2365

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

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:  
Krestwoods Convelescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community 14 years  
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")

(d) Street No. Lucerne Hotel, 921 Linwood 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert WILSHER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mable G. Wilsher

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased May 12 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>14</u>	hr. min.

9. Birthplace Amhearst County, Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business North American Accident

12. Name Robert C. Wilsher

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

14. Maiden name Sarah Wyatt

15. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Wilsher

(b) Address 921 Linwood, K. C., Mo.

17. (a) Burial (b) Date thereof: 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McGilley-Ey  
 (b) Address 1800 E. Linwood Blvd.

19. (a) 5-27-46 (b) Thalaine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 9, 1946, to May 26, 1946,  
 that I last saw h. i. m. alive on May 20, 1946,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchopneumonia Duration \_\_\_\_\_

Due to Senility

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

Other conditions Prostatic obstruction  
(Include pregnancy within 3 months of death)

Major findings: Benign hypertrophy

Of operations \_\_\_\_\_

Of autopsy 107

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) \_\_\_\_\_

(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 T. E. McMiller (M. D. or other) \_\_\_\_\_  
 Address 1019 Poplarwood Blvd. Date signed 5-27-46

AUG 27 1963

*Prof. Beck*

*Apr. 4022*

**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 *Oliver Beck*

Licensed Embalmer No. *4063*

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.**