S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9505
Registrar's No. 1475

Registration District No. 149 Primary Registration District No. 1002

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: TRINITY LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 MONTHS (Specify whether years, months or days)
In this community: 37 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 5620 RENWOOD AVENUE (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: MRS. MINNIE MAY WILSON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. STEVE D. WILSON
6. (c) Age of husband or wife if alive: 88 years
7. Birth date of deceased: MAY (Month) 15 (Day) 1866 (Year)

8. AGE: Years 80 Months 10 Days 12 If less than one day hr. min.

9. Birthplace: ALPHA (City, town, or county) ILLINOIS 1 (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: VALENTINE KERR 1
13. Birthplace: SCHELOCTA (City, town, or county) PENNSYLVANIA (State or foreign country)
MOTHER 14. Maiden name: KATHERINE FIERLING 4
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: MR. STEVE D. WILSON
(b) Address: 5620 RENWOOD AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 3-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27TH year 1947 hour 11 minute 44 A.M.
21. I hereby certify that I attended the deceased from Jan-14- 1947 to Mar-27- 1947 that I last saw her alive on Mar-27- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 wks
Cerebral sclerosis	3 mos
Due to Generalized arteriosclerosis	6 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death): Fracture left Hip-Jan 3-47	

Major findings:
Of operations: None
Of autopsy: None

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): accident 123
(b) Date of occurrence: Jan-3-1947
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: fall 0
23. Signature: Earl H. Brust (M. D. or other)
Address: 106 W 14 KC Mo Date signed: 3/28/47

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1941

2:30-4:30

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City 3, 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.