. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21260

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2536

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: 2308 CHARLOTTE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 43 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 18
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2308 CHARLOTTE STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME: MRS. LUEVERNIE C. WILSON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. EDWARD A. WILSON
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: MARCH (Month) 23 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace: MONROE COUNTY (City, town, or county) WEST VIRGINIA (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: RICHARD YESSINGER
13. Birthplace: WEST VIRGINIA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: MANN
15. Birthplace: WEST VIRGINIA (City, town, or county) (State or foreign country)
16. (a) Informant: MR. EDWARD A. WILSON
(b) Address: 2308 CHARLOTTE STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 12 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: FLORAL HILLS CEMETERY
18. (a) Signature of funeral director: D. N. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 6-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10TH year 1947 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from: June 9 47 to June 9 47, 19..., that I last saw her alive on June 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertension	5 yrs
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None 83a	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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: No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury: No
23. Signature: Alex Cochrane (M. D. or other) 10
Address: Grant Bldg K.C. Mo. Date signed: June 10 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2004 Bryant Bldg.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.