

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34720
4550
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Research Hosp. 0
(d) Length of stay: In hospital or institution 1 mo
In this community 40 yr
years, months, days

3. (a) PRINT FULL NAME: Jane Wakeman
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: F 5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Seymour Wakeman alive 7 1/2 years
7. Birth date of deceased: 3-30-1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 0 If less than one day hr. min.

9. Birthplace: North Wales - 4 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER
12. Name: M. King 7
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: (City, town, or county) (State or foreign country)
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Ruth Butler
(b) Address: Lone Jack mo
17. (a) Burial (b) Date thereof: 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lone Jack mo

18. (a) Signature of funeral director: L. B. Langford
(b) Address: Leo Summit mo
19. (a) 10-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: mo (b) County: Jackson 48
(c) City or town: Rural Van Buren Twp
(d) Street No.: 5 mi S. E Lone Jack mo
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION:
20. DATE OF DEATH: Month: October day: 30 year: 1947 hour: 7 minute: 35 P.M.
21. I hereby certify that I attended the deceased from 10/30/47 to 10/30/47
that I last saw her alive on 10/30/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Spontaneous poisoning of left breast
Due to: Poisoning of left breast
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 50
Of autopsy:

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?

23. Signature: L. B. Langford (M.D. or other) M.D.
While at work? (Specify type of place) (b) Means of injury:
Address: 830 Argyle Bldg. S.P. Mo. Date signed: 10/30/47

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

SFP 2 1949

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.....

N. B. Langford

Licensed Embalmer No.....

3833

P. O. Address.....

Lees Summit

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.