

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1375  
Registrar's No. 28

FILED JAN 23 1948

Registration District No. 149

Primary Registration District No. 1002

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:  
2515 Linwood /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2515 Linwood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME CLARISSA WESTON

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 Widow  
6. (b) Name of husband or wife James Weston 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased April 12 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 20 hr. \_\_\_\_\_ min.

9. Birthplace Hespler, Ontario  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Markle

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

14. Maiden name Jerusah Keifer

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

16. (a) Informant Mrs. Wm. J. Hill

(b) Address 2515 Linwood K. C. 3 Mo

17. (a) Removal (b) Date thereof Jan 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Ontario, Canada

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 1-3-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2  
year 1948 hour 11 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Dec 1, 1947  
to Jan 2, 1948  
that I last saw her alive on Dec 31, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident  
(Hemorrhage)  
Due to Hypertension - Arteriosclerosis  
Cardio-Vascular disease  
Due to \_\_\_\_\_

Duration  
Months  
10 yrs.

Other conditions Congestive Heart Failure  
(Include pregnancy within 3 months of death) 2 mo.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
93 D

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 Paul P. [unclear] (M. D. or other) MD.  
Address 924 Pryor Plz, Lab at Me Date signed 1-3-48

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**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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address. H. C. 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.**