

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:
1317 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 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. 1317 Troost ⁸
(If rural, give location) ⁰

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mamie Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 1947
19 47 to May 29 19 48
that I last saw her alive on May 29 19 48
and that death occurred on the date and hour stated above.

4. Sex Female ³ 5. Color or race Negro

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

6. (b) Name of husband or wife Robert Wilson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11, 1894
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease
Duration _____

8. AGE: Years Months Days If less than one day
54 0 18 hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93 D
Of operations _____

9. Birthplace Paris, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Will Brown

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

14. Maiden name Floride Ballot

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Of autopsy _____

16. (a) Informant Sunbean Payne

(b) Address 519 W. 13th St. Junction City

17. (a) Burial (b) Date thereof 6/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Stinking Bros.

(b) Address 1729 S. 1st St. Junction City

19. (a) 6-3-48 (b) Blondine Holmes
(Date received local registrar) (Registrar's signature)

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 J. M. Walden (M. D. or other) MD
Address 1758 Troost Date signed _____

Dr. Waldon

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.....

D. J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.