

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26673  
3087  
Registrar's No. \_\_\_\_\_

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:  
RIVIERA APT'S - 229 WARD PARKWAY 1  
(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 40 YEARS (Specify whether years, months or days)

3: (a) PRINT FULL NAME MRS. MARTHA WALLIS WILCOX

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE

5. Color of race WHITE

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

6. (b) Name of husband or wife MR. DWIGHT W. WILCOX

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JANUARY 28 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace NEAR SHEFFIELD IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation PRACTITIONER AND TEACHER

11. Industry or business CHRISTIAN SCIENCE

12. Name FREDERICK MEYER

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

14. Maiden name ALYARETTA BUSHYAGER

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

16. Informant Miss Alta M. Meyer

Address 229 Ward Parkway

17. (a) CREMATION (b) Date thereof JULY 28 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S CHURCH

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Grand Blvd. Bldg. 1

19. (a) 7-28-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. RIVIERA APT'S - 229 WARD PARKWAY  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26<sup>TH</sup>  
year 1948 hour 10<sup>15</sup> minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to status sclerosis

Due to \_\_\_\_\_

Other conditions 938  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no  
History of myocardium

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 \_\_\_\_\_

Signature J. J. ... (M. D. or other) \_\_\_\_\_

Address 1424 Prof. Bldg. Date signed 7-27-48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

---

---

**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. P. Nofsinger*  
Licensed Embalmer No. *3988*  
P. O. Address *Kansas City 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.**