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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED DEC 14 1948**  
Registration District No. 449

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. 36959  
Registrar's No. 4936

Primary Registration District No. 1002

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:  
RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 42 DAYS  
(Specify whether  
In this community 32 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. 4343 HARRISON AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISS. LENITH WILMOT  
3. (b) If veteran, name war No  
3. (c) Social Security No. 487-07-0062

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DECEMBER day 1<sup>ST</sup>  
year 1948 hour 7 minute 20 A.M.  
21. I hereby certify that I attended the deceased from  
10-20, 1948, to 12-1-48, 1948;  
that I last saw her alive on 11-30-48, 1948;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Starvation  
& pneumonia

7. Birth date of deceased JUNE 27, 1906  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
42 5 4 hr. min.

Due to Sympho-Sacrum  
& No-peritoneal  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace ODESSA MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

Major findings: Of operations ✓  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name JOHN WILMOT  
13. Birthplace HIGGINSVILLE MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MATTIE MASON  
15. Birthplace HIGGINSVILLE MISSOURI  
(City, town, or county) (State or foreign country)

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?  
Walter C. Holbrook  
(Specify type of place) (e) Means of injury CS  
While at work \_\_\_\_\_  
23. Signature Walter C. Holbrook (M. D. or other)  
Address 132 Oak Ridge Date signed 12/2/48

16. (a) Informant MRS. MATTIE WILMOT  
(b) Address 4343 HARRISON STREET  
17. (a) BURIAL (b) Date thereof DEC 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. MORIAN TEMPLE  
18. (a) Signature of funeral director D. W. Newcomer  
(b) Address 1401 Brush Creek Blvd  
19. (a) 12-2-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

**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 H. 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.**