

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23728**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>2977</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u> | | |
| c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>2912 East 28th. St.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2912 East 28th. St.</u> | | e. STREET ADDRESS <u>2912 East 28th. St.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> | | b. (Middle) <u>K.</u> | | c. (Last) <u>Wilson</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1949</u> | | 5. SEX <u>Female</u> | | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb. 11 1860</u> |
| 9. AGE (In years last birthday) <u>89</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US.</u> | | |
| 13a. FATHER'S NAME <u>Aaron Keller</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Maham</u> | | 14. NAME OF HUSBAND OR WIFE <u>E. N. Wilson</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ernest L. Donaldson</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> | | <u>prob 6 yrs</u> |
| | | DUE TO (c) _____ | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>Jan 7, 1944</u> to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>J. E. Donaldson</u> | | 23b. ADDRESS <u>404 Argyle Bldg</u> | | 23c. DATE SIGNED <u>7/8/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/9/1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | DATE REC'D BY LOCAL REG. <u>7-8-49</u> | | REGISTRAR'S SIGNATURE <u>M. Donaldson</u> |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u> | | ADDRESS <u>K. C. Kans.</u> | | |

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

Dr. MacArthur
Eugene B. Bledsoe
VI-4478

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jimmy C. Huabaker

Licensed Embalmer No. 4092

P. O. Address Missis, Va

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.