

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41341**  
**5275**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b> b. CITY OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (in this place) <b>27 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>210 W. 51st. Ter.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> d. STREET ADDRESS (If rural, give location) <b>210 W. 51st. Ter.</b>			
3. NAME OF DECEASED (Type or Print) <b>Vincent</b>		a. (First)		b. (Middle)		c. (Last) <b>Wakefield</b>	
4. DATE OF DEATH <b>12 11 49</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept. 17, 1891</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Investment</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>---</b>	
13a. FATHER'S NAME <b>Henry Wakefield</b>		13b. MOTHER'S MAIDEN NAME <b>Emily</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille Wakefield</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lucille Wakefield 210 W 51 Terr.</b>			
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) <b>Left Lobar Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fatty Degeneration of Liver</b> DUE TO (c) <b>Coronary Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490 X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 <b>Sept. 15, 1948</b> , <b>Dec 11, 1949</b> , that I last saw the deceased alive on <b>Dec 10, 1949</b> , and that death occurred at <b>11:30</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John G. Henry</b> (Degree or title)				23b. ADDRESS <b>500 Buysant Bldg. K.C. Mo.</b>		23c. DATE SIGNED <b>12-11-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/13/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-12-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure</b>		ADDRESS <b>Kansas City, Mo.</b>	

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

JAN 3 1950

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed M. E. Meyer.....

Licensed Embalmer No. H 5-5-5.....

P. O. Address H. 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.