

1150 SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27287**  
**3735**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <b>0</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>1206 E. 12th Street</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>					

3. NAME OF DECEASED (Type or Print) <b>Mary Wynn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-27-51</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Female</b> <b>3</b>	6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4-3-22</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Alabama</b>
13a. FATHER'S NAME <b>Chester Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Wynn</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>493-30-0615</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Willie Wynn 1206 E. 12th Street</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undetermined</b>	ANTECEDENT CAUSES				
	DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				
	DUE TO (c) <b>Delivery 7-11-51, full term</b>				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	<b>Fuerperal sepsis. Bacteremia-Possible acute bacterial endocarditis.</b>				<b>60</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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>8-16</b> , <b>19 51</b> to <b>8-27</b> , <b>19 51</b> that I last saw the deceased alive on <b>8-27</b> , <b>19 51</b> and that death occurred at <b>5:20 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Frank Ellis</b> (Degree or title)		23b. ADDRESS <b>600 E. 22nd Street</b>	23c. DATE SIGNED <b>8-28-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/1/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>—</b>	24d. LOCATION (City, town, or county) (State) <b>York, Alabama</b>

DATE REC'D BY LOCAL REG. <b>8-31-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holman Watkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros. 18th &amp; Benton</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Bruce Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Benton*

**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.