S. No. 300
v. 10.48

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13201

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1565

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hosp #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 3148
d. STREET ADDRESS (If rural, give location) 921 1/2 E 12th St

3. NAME OF DECEASED (Type or Print) a. (First) WALLACE D. b. (Middle) WILKERSON c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 3-28-52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 11-24-1912
9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Topeka, Kans.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John M Wilkerson
13b. MOTHER'S MAIDEN NAME Edith Forester
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) #2
16. SOCIAL SECURITY NO. 415-34-4970
17. INFORMANT'S SIGNATURE OR NAME John Wilkerson ADDRESS Grand Jung

415-34-4970 MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion Head + Laceration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hist Epilepsy

INTERVAL BETWEEN ONSET AND DEATH
69000
21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 123
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-19 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Injured in Fall down stairs

22. I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H Owens Coroner
23b. ADDRESS 1034 Rialto Bldg
23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-7-52
24c. NAME OF CEMETERY OR CREMATORY U S Natarial Cemetery
24d. LOCATION (City, town, or county) (State) Fort Leavenworth Kansas

DATE REC'D BY LOCAL REG. 4-5-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros ADDRESS KCMO

(Licensed Embalmer's Statement on Reverse Side)

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 L. C. Passantino

Licensed Embalmer No. 4554

P. O. Address LC, 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.