

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9877
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Lawrence Primary Registration District No. 1002 Registered No. 1342
 (c) City Kansas City (d) Street No. R. C. Sen Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Wilson 425
 (a) Residence, No. 4439 Harrison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ruth Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1856

| | | | |
|--------------|----------|-----------|----------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>81</u> | <u>7</u> | <u>22</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

FATHER 13. NAME Charles Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Marberg Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Record Clerk
(ADDRESS) R. C. Sen Hosp, R. 1, Mo.

18. BURIAL, CREMATION, OR REMOVAL Weybade Mo
PLACE Mar 28 - 34 DATE

19. FUNERAL DIRECTOR Stuart McClure
(ADDRESS) 8255 Bellham Plaza

20. FILED Mon 27 38 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1938, to 3-27 1938
 I last saw him live on 3-22 1938 Death is said to have occurred on the date stated above, at 5:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Senility
Hypostatic pneumonia
Bronch 1076
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) P. J. De Maria M. D.
 (Address) Dept. R. C. Sen Hosp. R. 1, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)