

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

10248
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 329
 (c) City St. Joseph (d) Street No. 315 1/2 Antoine 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 Charles Wilson

(a) Residence, No. 315 1/2 Antoine 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Was Blind
 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) Unknown 9
 (STATE OR COUNTRY) Unknown

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Leatha Lake
 (ADDRESS) 212 East Augusta

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cemetery DATE 3-27-'40

19. FUNERAL DIRECTOR Graves Funeral Home
 (ADDRESS) 806 S. 17th, St.

20. FILED MAR 26 1940 A. J. Neel
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1939 to 3-23 40, 1940
 I last saw him alive on 3-11 40, 1940 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance: 181
Chronic Nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Leatha Lake M. D.
 (Address) 109 1/2 W. 7th Ave

Date of onset Do not know
Several months previous

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, A. I. Moon, Licensed Embalmer No. 948

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

L. E.

No. 948 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed A. I. Moon

Licensed Embalmer No. 948

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.)