

FILED SEP 1940  
Registration District No. **1940-399**

Primary Registration District No. **1002**

Registrar's No. **3316**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4314 Oak Street **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ---  
(Specify whether  
In this community 52 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4314 Oak Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th  
year 1940 hour 12 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Jun. Aug. 18, 1940  
19---, to Aug. 20, 1940;  
that I last saw h.i. 222 alive on Aug. 20, 1940;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Circulatory Failure

Due to Cronary Arteriosclerosis **6 yrs.?**  
Due to 948  
Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ---  
Of autopsy ---

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ---  
(b) Date of occurrence ---  
(c) Where did injury occur? (City or town) (County) (State) ---  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury !

23. Signature Harold M. Roberts (M. D. or other) M.D.  
Address 1103 Grand Ave. K.C., Mo. Date signed 8-21-40

3. (a) PRINT FULL NAME Mr. John A. Wilson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Edith Pearl Wilson 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 18 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 4 2 hr. min.

9. Birthplace Pacific Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired 20 Yrs.

12. Name Charles Wilson

13. Birthplace 9  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie G. Fisher

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Pearl Wilson

(b) Address 4314 Oak St.

17. (a) Burial (b) Date thereof Aug. 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director D. H. Newmans Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 21, 1940 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address S. C. M.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**