

No. 2
1-13-40
17-39
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1069

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 29

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 411 West 42nd Terr.
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 411 West 42nd Terrace
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME James W. Wilson
(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Inez Wilson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February 28, 1870

8. AGE: Years 70 Months 10 Days 3
If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
14. Maiden name Unknown
15. Birthplace Unknown 9
16. (a) Informant Inez Wilson
(b) Address 411 West 42nd Terrace

17. (a) removal (b) Date thereof 1/6/41
(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director
(b) Address 1729 Lydia

19. (a) Jan 3, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1st
year 1941 hour 9 minute 29 A. M.

21. I hereby certify that I attended the deceased from April 10 - 1941 to 1 - 1 - 1941
that I last saw him alive on 12-31-1940
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Acute Myocarditis
Due to Seminality & General Debility
Due to
Other conditions a3a
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) LIND
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury
23. Signature J. J. Daugherty (M.D. or other)
Address 222 S. 18th Date signed 1-2-41

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..... *Isaac Jerome Mank*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd*

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.