

No. 2
1-4-41
5-17-39
I X28390

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3019

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo. & 19 days
(Specify whether years, months or days)

In this community 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3523 Warwick Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HARRISON WILLIAM WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th
year 1941 hour 4 minute 30 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Ola Wilson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 6 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-19-41, 19__ to 8-7-41, 19__;
that I last saw him alive on 8-7-41, 19__;
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>66</u> | <u>3</u> | <u>1</u> | hr. _____ min. |

Immediate cause of death Carcinoma of the floor of the mouth with metastases to neck

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None None

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

10. Usual occupation Salesman

11. Industry or business Cornish & Baker

12. Name Jessie L. Wilson

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

14. Maiden name Elizabeth Jane Yokum

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

16. (a) Informant J. H. Wilson

(b) Address 1720 Franklin St. Plattsburg

17. (a) Burial (b) Date thereof Aug. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Cemetery, Miami, Missouri

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 8/10/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) _____
(e) Means of injury _____

While at work _____

23. Signature Drury R. Johnson (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

48
D. J. 496-05-26302

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.