No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30657

FILED OCT 13 1941

Registration District No. 3 1/4

Primary Registration District No. 1002

Registrar's No. 3414

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: Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hrs (Specify whether
In this community 20 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Johnson

(c) City or town: Overland Park
(If outside city or town limits, write "RURAL")

(d) Street No. 94 + Nall
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Alva Marcus Wilson Jr.

3. (b) If veteran, name war: nn

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: Wh

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 19 (Day) 1939 (Year)

8. AGE: Years 2 Months 1 Days 22 If less than one day hr. min.

9. Birthplace: Mullinville (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

MOTHER FATHER

12. Name: Alva Marcus Wilson

13. Birthplace: Stuttgart (City, town, or county) Arkansas (State or foreign country)

14. Maiden name: Florence E. White

15. Birthplace: Mullinville (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Alva M. Wilson

(b) Address: Overland Park Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Orrick Mo.

18. (a) Signature of funeral director: Wilbur M. Hoge

(b) Address: Overland Park, Kans

19. (a) 9/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 9-11-41 year hour minute 7 00 P. M.

21. I hereby certify that I attended the deceased from Sept 9 1941, to Sept 11 1941, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Posterior mediastinitis following

Due to: Bronchoscopy for foreign

Due to: body in the esophagus

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

Duration

Major findings:
Of operations: Yes
Of autopsy: Yes

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 9-10-41

(c) Where did injury occur? Overland Park (City or town) (County) Ks (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Swallowed a bone (Specify type of place)

While at work? (Nature of injury)

23. Signature: Robert M. Burke (M. D. or other)

Address: K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Harry E Jelley

Licensed Embalmer No. 4078

P. O. Address Kan City Ka

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

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