

FILED MAR 9 1942
Registration District No. _____

Primary Registration District No. 1002

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

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:
6663 College Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20 years

3. (a) PRINT FULL NAME Boyd Wilber Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leona

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased May 29 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Sylvian Grove, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business Feld's Chevrolet Co.

MOTHER FATHER { 12. Name James R. Wilson

13. Birthplace Lincoln Mo., Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mora Reasoner

15. Birthplace St. Clare Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Wilson

(b) Address 3012 N. 30 K.C.K.

17. (a) Burial (b) Date thereof 2/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director W. H. Hutton

(b) Address Kansas City, Kansas

19. (a) 2/10/42 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 3012 North 30th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 11 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1941
Feb 6 1942
that I last saw him alive on Feb 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death metastases (carcinoma) in liver

Due to carcinoma (primary) of sigmoid

Due to Seneca tuberculosis

Other conditions 4/6/42
(Include pregnancy within 3 months of death)

Major findings: carcinoma of sigmoid removed, colon 1/9/2/41

Of autopsy _____

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) _____

(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) (Means of injury)

23. Signature Boyd A. Bond (M. D. or other) _____
Address 1607 Kansas City, Mo. Date signed 2/8/42

JUN 9 1947

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 *R. A. Sutton*

Licensed Embalmer No. *3507*

P. O. Address *1601 N. ...*

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.