No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5718
State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 920

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 9
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. DeeLee Hotel 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME OSCAR WILSON
3. (b) If veteran, name war
3. (c) Social Security No. unk
4. Sex Male 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Sue Nicholson
6. (c) Age of husband or wife if alive No record years
7. Birth date of deceased Aug. (Month) 3rd (Day) 1887 (Year)

8. AGE: Years 54 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Colorado 1 (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business No record
FATHER
12. Name August Wilson
13. Birthplace Sweden 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record 9 (City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address K.C.General Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Wm A Stanley
(b) Address Lily Marcelina
19. (a) 3/5/42 (Date received by local registrar) (b) M M Crowl (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 27th year 1942 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from 2-14-42, 19..., to 2-27-42, 19...; that I last saw him alive on 2-27-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia; hypertensive heart disease; cerebral hemorrhage	
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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? (Specify type of place)
While at work? (e) Means of injury 7

23. Signature Henry R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

361 (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 Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC Mo

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

If this body is not embalmed, fact should be so stated above.