

FILED APR 25 1942

Registration District No. 349 Primary Registration District No. 1002 Registrar's No. 2297

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution 1417 E. 18th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 year Specify whether _____

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town K.C. MO 048
(If outside city or town limits, write "RURAL")

(d) Street No. 1417 E 18th St. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Blake Wesson

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race negro 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 Feb. 28th 1905
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 28 hr. _____ min.

9. Birthplace Muskogee Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation cook

11. Industry or business restaurant

12. Name Blake Wesson

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

14. Maiden name Wesson

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

16. (a) Informant Evelyn Cox

(b) Address 1419 E. 12th St

17. (a) Burial (b) Date thereof 4-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesland

18. (a) Signature of funeral director Brady A. Brown

(b) Address 1705 Brady

19. (a) 4-1-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 25 42
year _____ hour _____ minute 54 M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Hemorrhage
Right Coronary Artery

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

Major findings: Of operations 30

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) (e) Means of injury _____

23. Signature Russell Wesson (M. D. or other) 3

Address _____ Date signed _____

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. *1271*

P. O. Address *Kansas City 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.