

FILED JAN 11 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4901**

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: **K.C. General Hospital No. 10**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 days**
(Specify whether years, months or days)

In this community **4 years**

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. **1716 Wabash**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Walter Wilson**

3. (b) If veteran **No** name war **No**

3. (c) Social Security No. **No**

4. Sex **M.** Color or race **W.**

5. Color or race **W.**

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

6. (b) Name of husband or wife **Constance D.**

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

7. Birth date of deceased **June 30th 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **24** If less than one day **hr. min.**

9. Birthplace **Maryland**
(City, town, or county) (State or foreign country)

10. Usual occupation **None listed**

11. Industry or business

MOTHER FATHER

12. Name **Henry Wilson**

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

14. Maiden name **Ellen Kennedy**

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

16. (a) Informant **Record Clerk**

(b) Address **K.C. General Hospital**

17. (a) **Burial** (b) Date thereof **12-31-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn K.C. Mo.**

18. (a) Signature of funeral director **Jayweather - Werner**

(b) Address **1 Kansas City, Kansas**

19. (a) **12-19-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **24th** year **1942** hour **5** minute **32 A.M.**

21. I hereby certify that I attended the deceased from **12-15-42** to **12-24-42** that I last saw him alive on **12-24-42** and that death occurred on the date and hour stated above.

Immediate cause of death **ARTERIOSCLEROTIC HEART DISEASE**

Due to **935**

Due to

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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 **Dwight L. Johnson** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Chuck Werner

Licensed Embalmer No. 2598

P. O. Address 1734 Wash. Blvd.
J. C. Kanno

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.