

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1140

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 38 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 5537 Virgina
(If rural, give location)

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

3. (a) PRINT FULL NAME Dillard Edmond Wilson

3. (b) If veteran, name war World War No. I

3. (c) Social Security No. 486-05-0521

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary W. Wilson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 3-21-1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 54 11 13 hr. min.

9. Birthplace Bramley Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Checker, North A. Ave. Co.

11. Industry or business

MOTHER FATHER { 12. Name Andrew Wilson

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

{ 14. Maiden name Martha E. Karrins

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

16. (a) Informant Mary W. Wilson
(b) Address 5537 Virgina

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-43
(Month) (Day) (Year)

(c) Place: burial or cremation Miami Okla.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 3-5-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 43 hour 6 minute 20 AM

21. I hereby certify that I attended the deceased from 2-15
1943 to 3-4, 1943

that I last saw him alive on 3-3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Duration

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 J. R. Hoall (M-D. or other)
Address 626 D. Atrop Bld Date signed 3-4-43

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

C

MAR 22 1943

V. 626

J.R. Hall
Lathrop Bldg.
10 & Grand

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 *David C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *H. C. no*

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.