

FILED MAY 3 1943 149

Registration District No.

Primary Registration District No. 1002

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:
1410 East 17th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 years (Specify whether
In this community 34 years
years, months or days)

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. 1410 East 17th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Henry Wilson

3. (b) if veteran, name war None 3. (c) Social Security No. 496-03-2314

4. Sex Male 5. Color or Race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katie Wilson 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased August 4 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 26 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name John Wilson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Charity
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Christine Greer
(b) Address 1410 East 17th St.

17. (a) burial (b) Date thereof 4/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Matthews Bros.
(b) Address 1729 Lydia

19. (a) 4-5-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1943 hour 9 minute P M. M.

21. I hereby certify that I attended the deceased from 3/21/43
19...; and that death occurred on the date and hour stated above.
that I last saw him alive on 3/30/43 19...;

Duration
Immediate cause of death Arteriosclerosis
Due to 93a
Due to

Other conditions no no
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: no no
Of operations no no
Of autopsy no no
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) no no
(b) Date of occurrence no no
(c) Where did injury occur? no no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no no no
While at work? no (Specify type of place) (e) Means of injury no
23. Signature Alvin B. Brown (M.-D. or other) 8/1/43
Address 1005-D-18th Date signed 4/5/43

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

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.....

J. James Malone
.....
Licensed Embalmer No. *3994*

P. O. Address *2573 Highland*

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.