

FILED JUN 7 1943
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution Eastside Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 48
(c) City or town KANSAS CITY
(d) Street No. 4815 E - 7th St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES WILSON

(b) If veteran, name war NO (c) Social Security No. NONE

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: APRIL 24 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 12 hrs min

9. Birthplace KANSAS CITY MO (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

12. Name HERMON E. RUHL

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

14. Maiden name LUCILLE WILSON

15. Birthplace LA JUNTA COLORADO (City, town, or county) (State or foreign country)

16. (a) Informant John Palumbo

(b) Address 4911 E 27th St

17. (a) Burial (b) Date thereof 6-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenland Cemetery

18. (a) Signature of funeral director J. G. Thayer

(b) Address 2512 Holmes St
19. (a) 5-29-43 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 28 day year 1943 hour 10 AM minute M.

21. I hereby certify that I attended the deceased from MAY 6 1943 to MAY 28 1943 that I last saw him alive on MAY 28 and that death occurred on the date and hour stated above.

Immediate cause of death MITRAL STENOSIS

Due to CONGENITAL HEART DISEASE

Due to _____
Other conditions 1578 (Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy _____

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 John Palumbo Address 4911 E 27th St Mo Date signed 5/28/43

Duration From BIRTH 34 DAYS

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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..... *P. A. Thiesen*
Licensed Embalmer No. *2381*
P. O. Address..... *2517 Halsted*

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.