

V. S. No. 2
 FORM—2-42
 Rev. 5-17-39
 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27516**
 Registrar's No. **3506**

FILED AUG 21 1943 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3506

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:
611 East 42nd St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)
 In this community 64 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles V. Wilson
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male
 5. Color or Race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Clara Josephine Wilson
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased July 8 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>4</u>	hr. _____ min.

9. Birthplace NorKopting Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business No Record

MOTHER FATHER

12. Name No Record
 13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Herman C. Wilson

(b) Address 1926 E. 71 Terrace

17. (a) Burial (b) Date thereof 8-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Mo.

19. (a) 8-13-43 (b) Dep. J. O. Brown
(Date received local registrar) (Registrar's signature)

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. 611 East 42nd St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
 year 1943 hour 10 minute 30 A.M.

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

Immediate cause of death arteriosclerosis heart
obscure

Due to _____

Due to _____ 93d

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

Major findings:
 Of operations _____
 Of autopsy hypertrophy

Duration

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 John W. Wagner
 Address Kansas City, Mo.

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 A. R. Hambrick

Licensed Embalmer No. 4159

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.