

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: MEMORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 1/2 HOURS
(Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5115 RINKER ROAD, Rural
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PA TRICIA ANN WILSON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOVEMBER 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 11 + 3 1/4 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name JOHN LESLIE WILSON

13. Birthplace CANTON ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name BETH MUNDEN

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN LESLIE WILSON

(b) Address 5115 RINKER ROAD

17. (a) BURIAL (b) Date thereof NOV. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAYN CEMETERY

18. (a) Signature of funeral director D. E. Washburn

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-8-43 (b) T. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7TH
year 1943 hour 5 minute 30 A. M.

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

Immediate cause of death Acute Pulmonary Congestion
Due to _____

Due to Possible Poisoning

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

Major findings: Of operations _____
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence Nov. 6, 1943
(c) Where did injury occur? Kansas City MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place) (c) Means of injury Person
23. Signature A. E. Washburn (M. D. or other) M.P.
Address 23 Maple Date signed 11/9/43

Duration
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..... *H. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *A. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 4789

Registration District No. 149 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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Patricia Ann Nelson
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... Year.....
7. Birth date of deceased mo 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day..... min.
9. Birthplace mo
(City, town, or county) (State or foreign country)
10. Usual occupation.....

11. Industry or business.....
MOTHER FATHER { 12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director..... (b) Address.....
19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

20. DATE OF DEATH: Month NOV Year 1942 Minute..... M.
21. I hereby certify that I attended the deceased from..... 19.....
that I am saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death acute Pulmonary Congestion Duration.....
Due to accidental poisoning
Due to caffeine and strychnine
Other conditions (Include pregnancy within 3 months of death) strychnine

Major findings:
Of operations.....
Of autopsy.....
179-E
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) accident
(b) Date of occurrence.....
(c) Where did injury occur? Kansas City mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place) (e) Means of injury Poison
23. Signature..... (M. D. or other)
Address..... Date signed.....

SUPPLEMENTARY

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

37575