

Registration District No. 49

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:
2443 Highland Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 25 Years

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased April 27, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	7	26	hr. _____ min.

9. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Mack Johnson
 13. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy Roberts
 (b) Address 2443 Highland Avenue

17. (a) Burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

19. (a) Dec 29 1943 (b) J. B. 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. 2443 Highland Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 23, day Thursday
 year 1943 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 12-21-43
 to 12-23-43
 that I last saw her alive on 12-23
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____
 Due to _____
 Other conditions 158
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 J. Richardson (M. D. or other) _____
 Address 1832 _____ Date signed 12-24-43

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

Richardson

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.....

I. J. Maxlow

Licensed Embalmer No.....

P. O. Address.....

*3797
2503 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.