V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6395

Primary Registration District No. 1002

Registrar's No. 755

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-6-44-2-7-44 (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DEASCED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME INFANT WILSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Negro

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 February (Month) 6 (Day) 1944 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER
12. Name Richard Wilson
13. Birthplace Wagner (City, town, or county) Okla. 1 (State or foreign country)
14. Maiden name Katherine Owens
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation K C Sun Chapel

18. (a) Signature of funeral director Wm A Lemmon
(b) Address City Mortuary

19. (a) 2-15-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1944 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from February 6, 1944, to February 7, 1944 that I last saw him alive on February 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 159

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G C Denney (M. D. or other)
Address Gen. Hosp. #2 KC Mo Date signed 2/7/44

8L (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.