

FILED FEB 24 1944 149

Registration District No.

Primary Registration District No.

1002

State File No.

Registrar's No.

711

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 5545 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Salisbury
(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 _____

3. (a) PRINT FULL NAME

Ralph Joseph Wilson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color of race white
6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Margaret Jane Wilson 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased July 15 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 26 If less than one day 25 hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Western Auto Co.

MOTHER FATHER

12. Name Joseph I Wilson

13. Birthplace Scranton Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Agnes S. Thompson

15. Birthplace Coalleville ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wilson

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 2-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director H. E. Julien

(b) Address Olathe Mo

19. (a) 2-12-44 (b) E. C. Brown
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 20
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 27 1944 to Feb 10 1944
that I last saw him alive on Feb 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach over 1 yr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 466

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. M. Fair (M. D. or other) MD
Address 404 1/2 W 75th St CMO Date signed 2/10/44

FEB 23 1945

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. E. Julien*.....
Licensed Embalmer No. *2447*.....
P. O. Address..... *Clacke Kao*.....

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.