V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8862

FILED MAR 19 1945

Registration District No. 1479 Primary Registration District No. 1002 Registrar's No. 1028

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 104 West 9th Room 305 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community few hrs. years, months or days) Charles S. Wilkinson

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL")

(d) Street No. 104 West 9th Room 305 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles S. Wilkinson

3. (b) If veteran, name war no.

3. (c) Social Security 492-26-1784

4. Sex Male 0

5. Color or White

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 18 (Month) 1887 (Day) (Year)

8. AGE: Years 57 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Willow Springs (City, town, or county) 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

12. Name S. W. Wilkinson

13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

14. Maiden name Night

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

16. (a) Informant Lillie Wilkinson

(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/45 (Month) (Day) (Year)

(c) Place: burial or cremation Caney Kansas

18. (a) Signature of funeral director Pasquantis Bros.

(b) Address Kansas City Mo.

19. (a) 3-3-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1945 hour 12 minute 47 P M.

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

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
Major findings: Of operations	
Of autopsy No History & Inspection	

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

23. Signature James C. Walker (M. D. or other) Coroner

Address 1424 Profinpley Date signed 3-3-45

(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. Francis Walter

Licensed Embalmer No. 2744

P. O. Address. K. 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.

8862-45

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } SS
County of Jackson

State File No. 149

Local Registrar's No. 1002

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20 day of March, 1945, before me appears Lillie Wilkinson, who, upon her oath, states that the original record of ~~birth~~ death for Charles S. Wilkinson, died ~~born~~ March 3 -, 1945, in the State of Missouri, and which was filed at KC Mo. on 3-3-, 1945, should be corrected as follows:

Item No. 3 should read Charles S. Wilkinson

Instead of Charles S. Wilkison

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Lillie Wilkinson Sister
Relationship.

Rich Hill Mo
Present Address.

Subscribed and sworn to before me this 20th day of Mar, 1945.

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339