

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 1945
149

Registration District No. 149

Primary Registration District No. 1002

48
30
8

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3311 East 69th STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town KANSAS CITY 40
(If outside city or town limits, write "RURAL")

(d) Street No. 3311 EAST 69th STREET 3
(If rural, give location) 8

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Alexander Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18TH
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April '44
_____, 19____, to 18 Mar 45, 19____;
that I last saw him alive on 1st Mar 45, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. LEONORA WILSON

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 30 1870
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration _____

Due to Chronic myocarditis 93d

Due to Generalized arteriosclerosis
extension: Coronary involvement

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

8. AGE: Years Months Days If less than one day

74 11 18 hr. _____ min.

PHYSICIAN _____

Major findings: none done

Of operations: _____

Of autopsy: none done

Underline the cause to which death should be charged statistically.

9. Birthplace Woodland ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery

11. Industry or business Retired 5 years

12. Name Lewis Wilson

13. Birthplace unknown Ill
(City, town, or county) (State or foreign country)

14. Maiden name Orville Johnson

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

16. (a) Informant J. E. Wilson

(b) Address 7738 Walnut

17. (a) BURIAL (b) Date thereof March 21 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fogah Hills Cemetery

18. (a) Signature of funeral director D. E. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 3-20-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature [Signature] (Specify type of place) _____ (c) Cause of injury _____
Address 939 Lytle Blvd Date signed 3-19-45

934
1:30-5
Kansas City

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 *Oscar Horkley*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.