

**FILED MAR 8 1946**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **151**

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2215 Marion  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2215 Marion  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James L. Wilson

(b) If veteran, name war none  
(c) Social Security No. 488-22-5298

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Winifred G. Wilson  
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 31 1967  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Collector

11. Industry or business Brown's Transfer Co.

12. Name Benton Wilson

13. Birthplace DeKalb Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hickman

15. Birthplace Buchanan Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James L. Wilson

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 2/ 6 /46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director W. M. Estabaker

(b) Address St. Joseph, Mo.

19. (a) Feb. 9, 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd  
year 1946 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1945 to Feb. 3 1946  
that I last saw him alive on Jan. 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 10 min.

Due to chronic hypertension 1 yr.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/46  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. M. Estabaker (M. D. or other) MD

Address W. M. Estabaker, M.D., 274 N. 7th St., St. Joseph, Mo.

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

3728

Mr. Wayne M. Swartz  
Park. Body.

MAP 19 1946

JAN 13 1947

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 Frank A. Brown

Licensed Embalmer No. 1760

P. O. Address St. Joseph 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.