S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
Filed in Office of Vital Statistics
FILED JUL 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21259

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2825

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: 6721 ASKEW AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 24 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 6721 ASKEW AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES ROBERT WILSON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 487-10-6515
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: NORA G. WILSON
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: SEPT. 1 - 1889 (Month) (Day) (Year)

8. AGE: Years 57 | Months 9 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: SYLVAN GROVE KANSAS (City, town, or county) (State or foreign country)
10. Usual occupation: CATTLE SALESMAN
11. Industry or business: WEATHERSPOON COMMISSION CO
FATHER
12. Name: JAMES H. WILSON
13. Birthplace: WILSON KANSAS (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: BELLE ADKINSON
15. Birthplace: BUNKER HILL KANSAS (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs Nora G. Wilson
(b) Address: 6721 Askew Avenue
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. HOPE CEMETERY KANSAS CITY KANSAS
18. (a) Signature of funeral director: D. H. Newcomer Son
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 7-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 29TH year 1947 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from June 29 1947 to June 29 1947 that I last saw him alive on June 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY OCCLUSION	1 HR
Due to	
Due to	
Other conditions: HYPERTENSION	YRS

(Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
Of autopsy: 940

PHYSICIAN
Underline the cause of 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: A. C. Lundquist (M. D. or other) MD
Address: 6944 Cherry KC Mo Date signed: June 30 1947

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1-4-7-9

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 John E Fraking, Registered Apprentice No. 504, working under my personal supervision.

Signed E Oscar Worthey

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.