

Registration District No. 149

Primary Registration District No. 1002

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: 2308 CHARLOTTE STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 36 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY

(d) Street No. 2308 CHARLOTTE STREET

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

If yes, name country: _____

3. (a) PRINT FULL NAME EDWARD ALLEN WILSON

3. (b) If veteran, name war: NO.

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9TH year 1948 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 27 Sep. 1946 to 9 Mch. 1948 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 WIDOWED

6. (b) Name of husband or wife MRS. LUE VERNIE WILSON 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: AUGUST 28 1865 (Month) (Day) (Year)

Immediate cause of death: Cardio-Vascular Renal Disease

Duration: 20 yrs.

8. AGE: Years 82 Months 6 Days 12 hr. 2 min.

Due to Asthma idiopathic

9. Birthplace: EAGLEVILLE MISSOURI (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) 131 a

10. Usual occupation: RETIRED MANAGER

Major findings: None performed

Of operations: None performed

Of autopsy: None performed

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

11. Industry or business: POOL HALL

12. Name: A. B. WILSON 9

13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name: PATRICIA UNKNOWN

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

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? _____

16. (a) Informant: MRS. L. J. LUSSI

(b) Address: 2306 CHARLOTTE STREET

17. (a) BURIAL (b) Date thereof: MARCH 12 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FLORAL HILLS CEMETERY

23. Signature: J. H. W. [Signature] M. D. or other: [Signature]

Address: 1102 Grand [Signature] Mo. 10 Mch 48

18. (a) Signature of funeral director: O. H. Newsome's Sons

(b) Address: 1401 BRUSH GREEN BLVD.

19. (a) 3-11-48 (b) Geraldine Holme (Date received local registrar) (Registrar's signature)

Buyer's Body

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 John E. Fraking

Licensed Embalmer No. 4487

P. O. Address Kansas City, 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.