

FILED APR 24 1948

State File No.

1662

Registration District No. 129

Primary Registration District No. 1002

Registrar's No.

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:
St. Lukes Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 903 N Commercial St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Wilson

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Jan. 21 1943
(Month) (Day) (Year)

8. AGE: Years 5 Months 2 Days 21
If less than one day hr. min.

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

10. Usual occupation None child

11. Industry or business "

MOTHER FATHER

12. Name Charles Wilson

13. Birthplace Nevada, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margie Howell

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

16. (g) Informant Lloyd T. Simmons

(b) Address 903 North Commercial

17. (a) Removal (b) Date thereof 4-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada MO.

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City, Mo.

19. (a) 4-15-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4
11 1948 to 4-12-48
that I last saw him alive on 4-12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Other conditions Cerebritis!
(Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy Bronchopneumonia

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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature Larry M. Kelly (M. D. or other)
Address 1624 Prof Bldg Date signed.....

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

W. W. 22
Secretary of the Society.

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 Max E. Meyer, Registered Apprentice No. 49 working under my personal supervision.

Signed J. Blair Shepard
Licensed Embalmer No. 4177
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.