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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12979

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 1794

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: GENERAL HOSPITAL NO. 2 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 4 years
years, months or days)

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. 1016 TROOST 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD WILSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased JUNE (Month) 1, (Day) 1883 (Year)

8. AGE: Years 64 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace HATFIELD (City, town, or county) NEW JERSEY / (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name MYLES WILSON
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name SOPHIA
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant TRULA HALL (DAUGHTER)
(b) Address 1018 TROOST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros. F. Home
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 4-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21, year 1948 hour 12: minute 55 A. M.

21. I hereby certify that I attended the deceased from APRIL 18, 1948, to APRIL 21, 1948; that I last saw him alive on APRIL 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA	
Due to ARTERIONEPHROSCLEROSIS	
Due to GENERALIZED ARTERIOSCLEROSIS	
Other conditions HYPERTENSIVE TYPE HEART DISEASE (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131

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? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 4/21/48

(Licensed Embalmer's Statement on Reverse Side)

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 C. Kenneth Kerford

Licensed Embalmer No. 4437

P. O. Address.....

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.