No. 300
—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26684

Registrar's No. 3266

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 DAYS (Specify whether
In this community 26 YRS.
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. 2119 E. 10TH ST. 8
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EUGENE WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown 2

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased OCTOBER (Month) 10, (Day) 1865 (Year)

8. AGE: Years 82 | Months ~~8~~ 9 | Days 27 | If less than one day hr. min.

9. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name RICHARD WILSON
13. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

MOTHER
14. Maiden name AMELIA
15. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

16. (a) Informant CLARA CLARK (NIECE)

(b) Address 2119 E. 10TH ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 11 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Wyandotte County Home Cem

18. (a) Signature of funeral director Mrs Alice Bailey

(b) Address 2065 N. 5th. K.C.K.

19. (a) 8-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 7, year 1948 hour 7: minute 30 A. M.

21. I hereby certify that I attended the deceased from JULY 19, 1948, to AUGUST 7, 1948 that I last saw him alive on AUGUST 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death TERMINAL BRONCHOPNEUMONIA

Due to HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION

Due to

Other conditions
(Include pregnancy within 3 months of death)

93 d

Major findings:
Of operations

Of autopsy

Duration

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)

Address GENERAL HOSPITAL NO. 2 Date signed 8/9/48

(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 Clifford G. Woods

Licensed Embalmer No. 3106

P. O. Address 325 Parallel

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.