No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26750

FILED SEP 4 1948

Registration District No. 1848 — Primary Registration District No. 55-72 — Registrar's No. 161

8006

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emg. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 Days (Specify whether years, months or days)
In this community: 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Intercity Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 1106 Crisp (If rural, give location) 8
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Anthony L. Wilson
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Margaret Wilson
6. (c) Age of husband or wife if alive: Deceased
7. Birth date of deceased: May (Month) 27 (Day) 1872 (Year)

8. AGE: Years 76 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace: Darlington Co. England (City, town, or county) (State or foreign country)
10. Usual occupation: Minister
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Wilson
13. Birthplace: England (City, town, or county) (State or foreign country) 1
14. Maiden name: Margaret Lynn
15. Birthplace: England (City, town, or county) (State or foreign country) 4
16. (a) Informant: Miss Edith Wilson
(b) Address: 1106 Crisp
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Geo. E. Carson
(b) Address: Independence Mo.
19. (a) 8-17-48 (Date received local registrar) (b) Donald Carson (Registrar's signature) 278

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 7-27-48, 19..., to 8-14-48, 19...; that I last saw him alive on 8-14-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-Pneumonia	2 weeks
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
(e) Means of injury:
What was he doing?
(Signature of coroner or other) Date signed: 8/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, I

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.