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

FILED DEC 11 1948

Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **4840**

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:
6737 Washington St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no**
(Specify whether)
 In this community **36 Yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6737 Washington St.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Frank E. Wilson**
 (b) If veteran, name war **no**
 (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **25**
 year **1948** hour **2** minute **10 P.M.**

4. Sex **Male** 5. Color or race **Wht**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Laurena Esther Wilson**
 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **Dec. 16 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 13**, 1948, to **November 25**, 1948, that I last saw him alive on **November 25**, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **11** Days **19**
 If less than one day hr. min.

Immediate cause of death **Circulatory failure**
 Duration **12 hrs.**

9. Birthplace **Lafayette Indiana**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Coal & Oil Dealer**

Due to **Arteriosclerotic cardiac disease, myocardial fibrosis** **2 yrs.**
 Due to _____

11. Industry or business **Self.**
 12. Name **Hiram Wilson**
 13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Martin**

Other conditions **Pulmonary tuberculosis 11 yrs.**
(Include pregnancy within 3 months of death)

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs. Frank E. Wilson**
 (b) Address **6737 Washington K.C. Mo**
 17. (a) **removal** (b) Date thereof **11-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Maple Hill Cem. K.C.**

Major findings:
 Of operations **15N**
 Of autopsy _____

18. (a) Signature of funeral director **Simmons**
 (b) Address **1404 So 37th K.C. Mo**
 19. (a) **11-26-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

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?

23. Signature **John R. Whiteman** (M. D. or other)
 While at work? _____ (Specify type of place)
 (c) Means of injury _____
 Address **6247 Brookside Blvd.** Date signed **11-26-48**

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

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..... *H. Simmons*

Licensed Embalmer No. *3903*

P. O. Address..... *KEK*

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.