

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 34044  
4229

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>Bell</u>	
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL, and give township)		c. CITY OR TOWN <u>Middlesboro</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (In this place) <u>7 wks</u>		15 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X 2</u>	
3. NAME OF DECEASED a. (First) <u>Mrs. URA</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 14, 1898</u>
9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Gonesville, Va</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Harmon Flemer</u>	13b. MOTHER'S MAIDEN NAME <u>Allice Huff</u>	14. NAME OF HUSBAND OR WIFE <u>Gordon A. Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Joyce Brown</u> ADDRESS <u>Indy Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic internal hydrocephalus?</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES <u>Mypeliderma</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Arteriosclerosis, calcification?</u> <u>Terminal acute</u>		<u>?</u> <u>terminal disc</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>broncho-pneumonia</u>		<u>735 X</u>	
19a. DATE OF OPERATION <u>9/23/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ossification of C5-C6 Intervertebral Disc</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) .. (COUNTY) _____	(STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>As Pathologist</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert K. B. Allebach</u> (Name & Title)		23b. ADDRESS <u>2300 Holmes, K.C., Mo.</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middlesboro Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Middlesboro Kentucky</u>
DATE REC'D BY LOCAL REG. <u>10-7-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland R. Speaks</u> ADDRESS <u>Indy Mo</u>	

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John R. Speaks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence

**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.