

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8904  
1206  
Registrar's No.

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>Kansas</u> b. COUNTY <u>Johnson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Four Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Kansas</u>		8100 X 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2728 Summit Str</u>				d. STREET ADDRESS (If rural, give location) <u>5943 Buena Vista Mission</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Allen</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 18 - 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-12-31</u>			
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>		IF UNDER 24 HOURS Hours <u>4</u> Min. <u>00</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. NAVY</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (State or foreign country) <u>Kansas City MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George A. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Carol Glesius</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>U.S. NAVY</u>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>George A. Wilson</u>			ADDRESS <u>5943 Buena Vista</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock &amp; hemorrhage resulting from deep stab wound</u> DUE TO (b) <u>100%</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  <u>2982</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Lawful</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2728 Summit</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Johnson MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>3 - 18 - 51 12:05 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stab wound</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Deputy Coroner</u>				23b. ADDRESS <u>4050 Broadway St MO</u>			23c. DATE SIGNED <u>3-18-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAL Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS MO</u>			
DATE REC'D BY LOCAL REG. <u>3-18-51</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Fryer</u>		ADDRESS <u>Olathe Kans</u>		

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

69121

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.

Student .....  
Student Embalmer

Signed *Mass Blanford* \_\_\_\_\_

Licensed Embalmer No. *4015* \_\_\_\_\_

P. O. Address *Kemo* \_\_\_\_\_

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.