

FILED NOV 15 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32875

State File No. _____

BIRTH NO. 75115-51 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>4 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> <u>0191</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>703 E. Wall</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORLISS</u> b. (Middle) <u>JANE</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 6-1951</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Harrisonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Wm. H. Wilson Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Elizabeth Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Wilson H. Wilson, Jr.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>7590</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilson H. Wilson, Jr.</u>	ADDRESS <u>Harrisonville Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATRESIA, TRACHEA, PARTIAL</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Nov 6 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>7590</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Nov 6 1951</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 6, 1951, to Nov 6, 1951, that I last saw the deceased alive on Nov. 6, 1951, and that death occurred at 7 PM m., from the causes and on the date stated above.

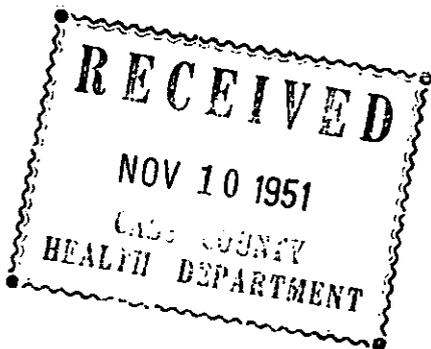
23a. SIGNATURE (Degree or title) <u>Dr. M. J. Murgis M.D.</u>	23b. ADDRESS <u>Harrisonville Mo.</u>	23c. DATE SIGNED <u>Nov. 7 1951</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cent. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 7 1951</u>	REGISTRAR'S SIGNATURE <u>Rosa Pariscard</u>	457	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hannenburg's</u>	ADDRESS <u>Harrisonville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0191
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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 _____

Infant
..... Student Embalmer No.
working under my personal supervision. *not embalmed*

Student
Student Embalmer

Signed *Ernest Rasmussen*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville Mo*

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.