

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37669

State File No. 4993

FILED DEC 1 1951

| | | | | | | | | | |
|---|--|---|---|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>20 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>2123 Highland</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2123 Highland</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2123 Highland</u> | | | | | |
| 3. NAME OF DECEASED a. (First) <u>Maurice</u> b. (Middle) _____ c. (Last) <u>Wilson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1951</u> | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 15, 1892</u> | | | |
| 9. AGE (In years last birthday) <u>58</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Independence, Missouri</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Independence, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Charlie Wilson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Samuels</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nardine Wilson</u> | | | | |
| 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>199-03-6808</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nardine Wilson 2123 Highland</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>Ischemic Heart Disease</u> ANTECEDENT CAUSES <u>7 Heart - High Blood Pressure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</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>4214</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>9/11/51</u> , <u>1951</u> , to <u>11/17/51</u> , <u>1951</u> , that I last saw the deceased alive on <u>11/17/51</u> , <u>1951</u> , and that death occurred at _____ m., from the causes and on the date stated above. <u>J. S. Thompson</u> | | | | | |
| 23a. SIGNATURE <u>J. S. Thompson</u> (Degree or title) <u>MD</u> | | | 23b. ADDRESS <u>1817 N. 3rd St.</u> | | 23c. DATE SIGNED <u>11/19/51</u> | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/21/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodland</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-21-51</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter D. Brown, 18th & Benton</u> | | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

No. 17
George [unclear]

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 *Laurence A. Jones*

Licensed Embalmer No. *4439*

P. O. Address *18th & Benton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.