

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

28932

3817

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (in this place) <b>3 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			3. 408 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>				d. STREET ADDRESS <b>110 2920 Olive Avenue</b>							
3. NAME OF DECEASED (Type or Print) <b>Primas</b>		a. (First)		b. (Middle)		c. (Last) <b>Wesson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 30 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 13, 1886</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work performing most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Fayetteville, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Newton Wesson</b>			13b. MOTHER'S MAIDEN NAME <b>Eliza</b>			14. NAME OF HUSBAND OR WIFE <b>Julius Wesson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ellen</b>				ADDRESS <b>2614 E 26</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Vascular Accident</b>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last: <b>Senility.</b>				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Senility.</b>				331X			
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)		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) m.		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>7-28-53</u> , 19 <u>  </u> , to <u>7-30-53</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>7-30-53</u> , 19 <u>  </u> , and that death occurred at <u>10:05 am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <b>E. Frank Ellis</b>				(Degree or title) <b>MD</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>7-31-53</b>			
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <b>8-2-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hape, Arkansas</b>		24d. LOCATION (City, town, or county) (State) <b>Hape, Arkansas</b>					
DATE REC'D BY LOCAL REG. <b>8-1-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Marlowe &amp; Williams</b>					
						ADDRESS <b>1729 High</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

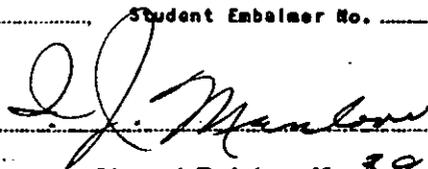
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3994

P. O. Address 5383 Highlan

**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.