

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40982

State File No.

FILED JAN 11 1956

5523

BIRTH NO. 1499788692-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION I4I4 Highland		e. STREET ADDRESS (If rural, give location) I4I4 Highland	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Russell	b. (Middle) Odever	c. (Last) Wilson	(Month) 12 (Day) 16 (Year) 55
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) 0	8. DATE OF BIRTH 12-4-55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 12-4-55 If UNDER 1 YEAR: Months 12 Days 16 Hours 55 Min.
11. BIRTHPLACE (City and State or Foreign Country) 3 Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Russell O Wilson	13b. MOTHER'S MAIDEN NAME Venora McClenton	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell Wilson I4I4 Highland

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis		
ANTECEDENT CAUSES		DUE TO (b) Prematurity	
Morbid conditions, if any, giving 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.		7635	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 December 4, 1955, to December 16, 1955, that I last saw the deceased alive on December 12, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Bruce P. McDonald	23b. ADDRESS 2604 Prospect Ave.	23c. DATE SIGNED Dec. 19, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-20-55	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 12-19-55	REGISTRAR'S SIGNATURE neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove & Williams 1729 Lydia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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.....
Signature of Student Embalmer

Signed *Raymond Williams*.....

Licensed Embalmer No. *46*.....

P. O. Address *H. C. [unclear]*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.