

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2551
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 3019 Registered No. 19
(c) City Independence (d) Street No. Independence Santamun St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME

(a) Residence No. 12322 Glenwood St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
21 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

FATHER 13. NAME Mathew Fredrick Wilson

14. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Gladys Frances Moor

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo

17. INFORMANT M.F. Wilson (ADDRESS) 2327 Glenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Jan 24 1939

19. FUNERAL DIRECTOR George C. Carson (ADDRESS) Independence Mo

20. FILED 1-24-39 F.L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Deplacover to Deplacover, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 250A a.m.

The principal cause of death and related causes of importance were as follows:

Automobile Traumatism
(Car struck stone wall)
To Skull
To Neck
Other contributory causes of importance: None

Name of operation none Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 1-22-39
Where did injury occur? 839 1/2 St. Jackson Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Automobile Traumatism
Nature of injury To Skull To Neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Deplacover, M. D.

(Address) Deplacover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)