

REC'D APR 17 1939

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

9733
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 2726 Mersington 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.

Registered No. 1379

2. PRINT FULL NAME 425 George Wahhington Willson

(a) Residence, No. 2726 Mersington St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Willson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 17

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

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

FATHER 13. NAME Geo. W. Willson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER 15. MAIDEN NAME Nancy Burgess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. J. E. Grover (ADDRESS) 2726 Mersington, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Mar. 26 39

19. FUNERAL DIRECTOR (NAME) C. H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Mar 27 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 1939

22. I HEREBY CERTIFY That I attended deceased from Mar 22, 1939 to Mar 24, 1939

I last saw him alive on Mar 22, 1939. Death is said to have occurred on the date stated above, at 5:40 m. PM

The principal cause of death and related causes of importance were as follows:
Cancer Stomach and Liver
Primary focus unknown
46

Date of onset 2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) John L. Lapp M.D.

(Address) 1314 Professional Bld.

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

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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, above space should be left blank.