

SEP 6 1939

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

28290
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 309 Brush Creek Blvd. Registered No. 3292
(e) Length of residence in city or town where death occurred 5 yrs. 6 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 309 Brush Creek Blvd. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Monte L. Wilson				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1889				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	50	2	22	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany, Missouri			
	13. NAME J. C. Wilson			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westerville Ohio			
	15. MAIDEN NAME Alice E. Turner			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Missouri				
17. INFORMANT (ADDRESS) Mrs. Monte L. Wilson 309 Brush Creek Blvd.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany, Mo. DATE Aug. 20, 1939				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary 104 W. 42nd St., K.C., Mo.				
20. FILED Aug. 20, 1939 M.M. Crowe, Cash. Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 18, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **January 29, 1939** to **Aug 18, 1939**.
I last saw him alive on **Aug 2, 1939**. Death is said to have occurred on the date stated above, at **5:00 P.M.**
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis

Other contributory causes of importance:
Chronic Myocardial Degeneration

Name of operation **None** Date of **None**
What test confirmed diagnosis **Phys. Ex. 5104** Was there an autopsy? **No**

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? **No**
If so, specify _____
(Signed) **Orville M. Kohn M. D.** (Address) **436 Professional Bldg.**

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.

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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.