

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

24051  
2530

FILED AUG 16 1941 399

Primary Registration District No. 1052

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 15 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 332 S. Drury Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th  
year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 7-3-41 to 7-8-41  
that I last saw him alive on 7-8-41  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate with extension to bladder

Due to 513  
Due to 513  
Other conditions (Include pregnancy within 3 months of death) 513

Major findings: Of operations  
Of autopsy None

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Drury R. Shorn (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed

3. (a) PRINT FULL NAME REV. JAMES WILSON

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Jennie Roe 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 3 7 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 1  
If less than one day hr. min.

9. Birthplace Morgan County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business xx

12. Name John Wilson

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Fannie Sylvia (City, town, or county) (State or foreign country)

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Emmett Wilson

(b) Address 6429 Rockhill Road

17. (a) burial (b) Date thereof 7 '10 '41  
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 7-9-41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

---

---

**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, fact should be so stated above.**