No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1941

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30824

Registrar's No. 3581

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 0
(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 9 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 38
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 Tracy Avenue 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Charles Martin Wilson

3. (b) If veteran, name war World War Vet.

3. (c) Social Security No. 496-07-9578

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nellie L. Wilson

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November (Month) 7 (Day) 1895 (Year)

8. AGE: Years 45 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Versailles (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER
12. Name William C. Wilson
13. Birthplace Versailles (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name Nancy Pauline Taylor
15. Birthplace Versailles (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Nellie L. Wilson
(b) Address 2629 Tracy Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9/25/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd year 1941 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 17th, 1941, to Sept. 23rd, 1941; that I last saw him alive on September 23rd 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Portal thrombo phlebitis with multiple liver and lung abscesses	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry R. Horn (M. D., or other) 0
Address Med. Dir. K. C. Gen. Hosp. Date signed 9/24/1941

361 (Licensed Embalmer's Statement on Reverse Side)

OCT 2 1941

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.