

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41619

State File No. \_\_\_\_\_

Registration District No. 197

Primary Registration District No. 5276A

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1211 E. 22nd  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 E. 22nd  
(If rural, give location)

(e) Citizen of foreign country? h (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM WILSON

3. (b) If veteran, name war no

3. (c) Social Security No. 707-05-8467

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Gertrude Wilson

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

7. Birth date of deceased February 18, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation Locomotive Engineer

11. Industry or business C. B. & Q.

12. Name John H. Wilson

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

14. Maiden name Mattie Spitzer

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

16. (a) Informant Mrs. Gertrude Wilson

(b) Address 1211 E. 22, North K. C.

17. (a) Burial (b) Date thereof 12-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North E. S. Mo.

19. (a) Dec 21-1941 (b) Ruth N. Henry  
(Date received local registrar) (Registrar's signature)

1021 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1941 hour 10: minute 18 A. M.

21. I hereby certify that I attended the deceased from Dec 18 1941  
that I last saw him alive on Dec 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Crown aneurism  
arterio-sclerotic heart disease  
Diabetic mellitus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 61  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address North Kansas City, Mo. Date signed Dec 18 1941

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

*Langhus*

**MAR 11 1944**

**MAR 27 1944**

**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.....

**Harold L. Posson**

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. **3605**

P. O. Address **North K. C. Mo.**

**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.**