

FILED APR 25 1942  
Registration District No. 3299

Primary Registration District No. 1002

Registrar's No.

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) 0  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 Day (Specify whether  
years, months or days) Roy Wilson Jr.

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. 420 West 15th St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-12-42 to 4-13-42  
that I last saw him alive on 4-13-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Neonatal asphyxia

Duration

Due to 11/6/00

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?

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

23. Signature Drury R. Thorne (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed 4-14-42

3. (a) PRINT FULL NAME WILSON INFANT (MALE)

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

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1942 years

7. Birth date of deceased April 12 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Roy Wilson

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

14. Maiden name Rosemary Ott

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

16. (a) Informant Mrs. Fred Ott

(b) Address 625 Osage Kansas City Kansas

17. (a) Removal (b) Date thereof 4-14-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park (R.C.K.s)

18. (a) Signature of funeral director Fairweather Werner

(b) Address Kansas City Kansas

19. (a) 4-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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

MOTHER FATHER

48  
3  
8

048  
328

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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.....

*J. Chick Werner*

Licensed Embalmer No. 2598

P. O. Address. Kansas City Kansas

**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.**