

FILED JUN 18 1942

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2305

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:
3215 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
20 years (Specify whether
years, months or days)
In this community _____

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. 3028 Baltimore
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day II
year 1942 hour _____ minute a M.
21. I hereby certify that I attended the deceased from July - 1941
to June 11 - 1942
that I last saw him alive on June 10 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Aortic incompetency - short
Chronic atherosclerosis cerebral hemiparesis
Due to _____
Fracture of right hip about 2 weeks
ago
Other conditions: 1860s
(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) fractured hip
(b) Date of occurrence about May 25 - 42
(c) Where did injury occur? in hip room
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, or public place?
at his home - and contributed to his death
While at work _____ (Type of place) _____ (e) Means of injury _____
23. Signature W. Martin M.D. (M. D. or other) _____
Address 408 Cambridge Date signed 6-12-42

3. (a) PRINT FULL NAME WILLIAM HARVEY WILSON
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lulu Wilson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June II 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 00 Days 00
If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business L. F. Wilson

12. Name _____

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

14. Maiden name Mary Keeran

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

16. (a) Informant 3028 Baltimore

(b) Address Kansas City Mo

17. (a) Removal (b) Date thereof 6-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pendleton Oregon

18. (a) Signature of funeral director J.F. O'DONNELL CO

(b) Address 3256 Broadway K. C. Mo.

19. (a) 6-12-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

2000

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.....

Park G. Rowe

Licensed Embalmer No. *2347*

P. O. Address *H. 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.