S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33023

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3665

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2 days (Specify whether
In this community 25 Years
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. 12th & Washington (Washington Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Mr. Charles Franklin Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. 487-10-1973

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --------

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

7. Birth date of deceased April (Month) 12 (Day) 1872 (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Trenton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Maintainance Man

11. Industry or business O Rier Building

FATHER
12. Name William Wilson
13. Birthplace Rochester (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Sara Barnes
15. Birthplace Summerfield (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. William H. Wilson
(b) Address 1201 Washington Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 5, 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-30-42, 19..., to 10-2-42, 19...; that I last saw him alive on 10--2--42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95c

Major findings:
Of operations
Of autopsy None

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 0

23. Signature Henry R. Thorn (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

(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 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 with the above constitutes grounds for revocation of license.)

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