

S. No. 2
M-9-4-41
ev. 5-17-39
X29484

33024

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 9 1942
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3889

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 minutes
21 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. 2509 E. 20
(If rural, give location)

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

3. (a) PRINT FULL NAME JULIUS WILSON

3. (b) If veteran, name war none

3. (c) Social Security No. 486-26-7938

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1942 hour 12 minute 05 p. M.

21. I hereby certify that I attended the deceased from 10-17-42
11:10 a.m. to 12:05 p.m.

that I last saw him alive on 1942
and that death occurred on the date and hour stated above.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Bertha Wislon

6. (c) Age of husband or wife if 8 years

7. Birth date of deceased: July 8 1894
(Month) (Day) (Year)

Immediate cause of death Compression
Atelectasis of left lung

Due to Hemothorax (left)

Due to Ruptured thoracic aorta
Aneurysm

Other conditions (include pregnancy within 3 months of death) 30 D

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>9</u>	hr. min.

Major findings: Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Newton County Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Industry

12. Name Will Wilson

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

14. Maiden name Sallie Reece

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 10/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cem.

18. (a) Signature of funeral director Wethers Bros.

(b) Address 1729 Lytle Ave

19. (a) 10-21-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 Gen. Hosp. #2-600 Rm. 22 Date signed 10-20-42

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

48
33
8

48
33
F

0

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 *Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.