

JAN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 305

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:
Missouri Hotel, 310 W. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether 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. 310 W. 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harrold Bert Wilsey

3. (b) If veteran, name war No 3. (c) Social Security No. 486-07-6019

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina E. Wilsey 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased August 30 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 19 hr. min.

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

10. Usual occupation Restaurant Manager

11. Industry or business

MOTHER FATHER { 12. Name Cecil Jay Wilsey
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Florence Jennings
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina E. Wilsey

(b) Address 310 W. 12th St.

17. (a) Burial (b) Date thereof 1-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 1-20-43 (b) M. M. Crone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 29 to Jan 18, 1943
that I last saw him alive on Jan 18, 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Acute insufficiency

Due to Chr. Myocarditis

Due to 92.2

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury 0

23. Signature D. J. Rate (M. D. or other) MD
Address North Kansas City, Mo. Date signed 1/19/43

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

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 *Clarence M. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *76 E. 160*.....

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.