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K29484

FILED FEB 5 1943

State File No. ....

Registration District No. 164

Primary Registration District No. 5599

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg, Mo. Hazel Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 4 months years, months or days (Specify whether \_\_\_\_\_)

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. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Christopher Columbus Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 194-12-3863

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, widower  
6. (b) Name of husband or wife Lerna Wilson 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased July 11 1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name Levin L. Wilson  
13. Birthplace Unknown N.C. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hartley  
15. Birthplace Unknown N.C. (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Wilson  
(b) Address Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 2 - 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Joseph Chapel

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg Mo.

19. (a) Jan 2, 1943 (Date received local registrar) (b) Gold M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1943 hour 2:20 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 2 1942 to Jan 2 1943  
that I last saw him alive on Dec 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
Due to \_\_\_\_\_  
Due to Hb  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration 5 yrs?

Major findings: Opacities left  
Of operations 1942 removed  
Of autopsy When saw his condition

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) (c) Means of injury \_\_\_\_\_

23. Signature Gold M. Williams (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo Date signed 1/7/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-43

**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

*R. A. Phillips*

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.