

FILED MAY 3 1943  
199

State File No. ....  
Registrar's No. 1686

Registration District No. ....

Primary Registration District No. 1002

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:  
3538 Genessee  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community Life  
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. 3538 Genessee  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Dorothy Louise Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. 495-07-5190

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive 22 years (Day) (Year)  
7. Birth date of deceased Nov. 22 1920  
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation Office

11. Industry or business Hall Bros.

MOTHER FATHER { 12. Name Thomas J. Wilson  
13. Birthplace Effingham Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hina Sims  
15. Birthplace Topeka Kans.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Wilson  
(b) Address 3538 Genessee

17. (a) Burial (b) Date thereof 4-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Gates Funeral Home  
(b) Address 1901 Olathe Blvd.

19. (a) 4-7-43 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th.  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 6 1943 to April 6 1943  
that I last saw her alive on April 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pres. Tuberculosis  
Due to 13B

Other conditions. (include pregnancy within 3 months of death)

Major findings: Of operations. none  
Of autopsy. none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(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  
23. Signature Hughes & Moulton (M.D. or other)  
Address 613 1/2 W. 10th Date signed 5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Herbert J. ...  
Prof. B. ...

VI-0840

618 Proff

1-5-Wed

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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..... *W. ...* .....

Licensed Embalmer No. 3991

P. O. Address. 309 E 67 St

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.