S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41374

FILED DEC 22 1943

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 5035

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

(d) Length of stay: In hospital or institution 106 days (Specify whether years, months or days)
In this community as above

2. USUAL RESIDENCE OF DECEASED: 977

(a) State Kansas (b) County 11

(c) City or town Lincoln
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x 2

3. (a) PRINT FULL NAME Walter G. Wilson,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Metta Wilson,

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May (Month) 16 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	6	13	hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John W. Wilson,
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Ada Lyne
15. Birthplace (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Mrs. Metta Wilson,
(b) Address Lincoln, Kansas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Kansas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-29-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1943 hour 1:50 minute a. M.

21. I hereby certify that I attended the deceased from Aug 15, 1943, to Nov. 29, 1943 that I last saw him alive on Nov. 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subacute Bacterial Endocarditis	About 9 mo.
Due to Contributory ① Rheumatic Fever	
Due to ② Rheumatic Endocarditis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9/a	
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

23. Signature Carl R. Ferris (M. D. or other) MD

Address 934 Argyle Bldg Kansas City, Mo Date signed 11-29-43

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Farris,
Cryptic Body PM

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.....

Licensed Embalmer No. 14 CS

P. O. Address.....

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.