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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3144

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Rural Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2711 Sterling
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Indep Mo Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2711 Sterling
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GAIL WILSON

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 30 (Month) (Day) 1930 (Year)

8. AGE: Years 3 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Robert S. Wilson
13. Birthplace Kansas City Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Gwendaline Gore
15. Birthplace Unknown. 4 (City, town, or county) (State or foreign country)
16. (a) Informant Robert S. Wilson
(b) Address 2711 Sterling
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) 1-14-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13 year 44 hour 10 minute 40 a M.
21. I hereby certify that I attended the deceased from Come to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Second, third and fourth degree burns (House burned).

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 18 1

Of autopsy Seafore 15

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) Accident 120
(b) Date of occurrence 1/13/44
(c) Where did injury occur 2711 Sterling - Indep Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Ark stone (Specify type of place)
While at work? No (e) Means of injury Exploded
23. Signature O Hatch 3 (M. D. or other)
Address Date signed 1/13/44

1163

(Licensed Embalmer's Statement on Reverse Side)

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.....Dean Owens.....

Licensed Embalmer No.....4280.....

P. O. Address.....Indep. 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.