

FILED JUN 5 1944

Registration District No. 149

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 General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 days  
(Specify whether  
In this community 15 years  
years, months or days)

3. (a) PRINT FULL NAME WILSON, CHARLES HERROY  
3. (b) If veteran, name war DCO  
3. (c) Social Security No. none

4. Sex MALE 5. Color or race W  
6. (a) Single, widowed, married, divorced 3 DIVORCED  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 12, 1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

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

12. Name Charles A. Wilson

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Costello

15. Birthplace Easton Kans.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wilson  
(b) Address 3203 Broadview

17. (a) Buried (b) Date thereof 5-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Easton Kas.

18. (a) Signature of funeral director JUDAH T. H. MOORE  
(b) Address \_\_\_\_\_

19. (a) J. E. Brown (b) 5-23-44  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3203 Broadview  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 20th  
year 1944 hour 7 minute 50p M.  
21. I hereby certify that I attended the deceased from Sept. Comm. 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilat. broncho-pneumonia & purulent emphysema  
Due to General debilitation

Due to Bilat. pyelonephritis & cephalic & prostatic hypertrophy  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above  
133a  
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? \_\_\_\_\_

23. Signature A. E. Upker (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 234 McCoey (M. D. or other) Date signed 5/22/44

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

2  
3  
59  
7823

**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 J. F. Pflughoeft (1537)  
Licensed Embalmer No. 2806  
P. O. Address K. C. 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.**