

FILED NOV 13 1944

4347

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

Jackson  
(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: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)  
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 49  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 204 W. 4 St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. Do not know

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married; divorced Do not know  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1874  
(Month) (Day) (Year)

8. AGE: 70 Years Months Days If less than one day  
hr. min.

9. Birthplace Do not know 9  
(City, town, or county) (State or foreign country)

10. Usual occupation none

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

MOTHER FATHER { 12. Name Do not know 9  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Fathi McDaniel

(b) Address Mo 9 ave + main st.

17. (a) Burial (b) Date thereof Oct 20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Calvary L.C. 19

18. (a) Signature of funeral director Panathan Bros

(b) Address K.C. Mo

19. (a) 10-28-44 (b) T.E. Brown (1/2)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 17 44, to Oct. 25 44,  
and that death occurred on the date and hour stated above.  
I last saw him alive on Oct. 25 44.

Immediate cause of death Carcinoma of stomach

Due to \_\_\_\_\_

Due to 466

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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:

(c) 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 A.E. Wecker (M. D. or Reg.) MO

Address Med. Dir. 123 McCoy Date signed 10-27-44

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

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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 Francis Walter

Licensed Embalmer No. 2744

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.**