

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

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:
3718 Livingston
(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 2¹ year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 41
(If outside city or town limits, write "RURAL")

(d) Street No. 3718 Livingston
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM O WILSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1944 hour 9:35 minute 36 AM

21. I hereby certify that I attended the deceased from Sept 15th 1944
Oct 26 1944
that I last saw him alive on Oct 26 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23, 1871
(Month) (Day) (Year)

Immediate cause of death _____
mythral regurgitation
Due to hypertension
Due to senility
Other conditions _____
(Include pregnancy within 3 months of death)

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

73	3	3	hr. min.
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PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

9. Birthplace Lincoln, Neb. (City, town, or county) (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business Building

12. Name M. V. Wilson

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

14. Maiden name Raney Wilson

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

16. (a) Informant Paul Wilson (son)
(b) Address 3718 Livingston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28-44
(Month) (Day) (Year)

(c) Place: burial or cremation Tray - Kansas

18. (a) Signature of funeral director Kettler
(b) Address 7657 Super Ave

19. (a) 10-27-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. S. D. Raney (M.D. or other) DO
Address 900 Benton Date signed 10-27-44

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 _____

F. S. Walton

Licensed Embalmer No. _____

2744

P. O. Address _____

3030 Harrison

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.