

3. No. 2
1-5-43
5-17-39
I X336671

FILED APR 2 1946

Registration District No. **199**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County W 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:
6028 Agnes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 6028 Agnes St. **8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Mearl B Wilson

3. (b) If veteran, No **3. (c) Social Security** 525 07 3547
name war _____ No. _____

4. Sex Male **5. Color or** white **6. (a) Single, widowed, married,** Married
race _____ divorced _____

6. (b) Name of husband or wife Edith Wilson **6. (c) Age of husband or wife if** 50
alive _____ years

7. Birth date of deceased. Jan 1 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Stanfield Missouri **(1)**
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Broadway Motors

12. Name Bruz Wilson

13. Birthplace Missouri **(0)**
(City, town, or county) (State or foreign country)

14. Maiden name Tenna Carter

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

16. (a) Informant Mrs Edith Wilson

(b) Address 6028 Agnes

17. (a) Removal **(b) Date thereof** 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gower Missouri

18. (a) Signature of funeral director Eads Bros. Funeral Home
(b) Address 1416 Minnesota Ave K.C.K.

19. (a) 3-21-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1946 hour 11 minute 25P M.

21. I hereby certify that I attended the deceased from Mar. 10 1946, to Mar. 20 1946
that I last saw him alive on Mar. 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death American fibrillation **Duration** 3 days
Coronary occlusion **1 year**

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 9.4 a
Of operations _____

Of autopsy _____

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 H. P. Spafford **(M. D. or other)** _____
Address Ridge Bluff, Mo. **Date signed** 3-21-46

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

86.78

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..... *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kans City, Kans.*

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.