

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30527**
Registrar's No. **3935**

FILED OCT 7 1946
Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Hours**
(Specify whether in this community **6 Hours** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Champaign 9907**

(c) City or town **Urbana**
(If outside city or town limits, write "RURAL") **11**

(d) Street No. **501 Michigan Avenue**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No) **2**
If yes, name country

3. (a) PRINT FULL NAME **HENRY E. WILSON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **M**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Wilson**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **December 11th, 1882**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	9	4	hr. min.

9. Birthplace **Montreal Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary Y.M.C.A. Urbana, Illinois**

11. Industry or business **Urbana, Illinois**

MOTHER FATHER { 12. Name **Thomas W. Wilson**

13. Birthplace **Liverpool England**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Mac Lean**

15. Birthplace **County Down Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Wilson**

(b) Address **Urbana, Illinois**

17. (a) **Removal** (b) Date thereof **9 - 16 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Urbana, Illinois**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd St., Kansas City, Mo.**

19. (a) **9-16-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **15th.**
year **1946** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the _____ day at _____ hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration _____
Spontaneous

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **830**

Major findings: _____
Of operations _____

Of autopsy **See Above**

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. Parker** (M. D. or other) **MD**
Address **2800 Main** Day _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Oliver C. Wadelin

Licensed Embalmer No.

3495

P. O. Address

No. 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.