

FILED **SEP 22 1946**

Registration District No. _____ 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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **1 week**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**

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

(d) Street No. **Kingsville, Mo.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **CALVIN FRYER WILSON**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **XXXX** years

7. Birth date of deceased **November 6, 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	11	0	hr. _____ min. _____

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

10. Usual occupation **Merchant**

11. Industry or business **Hardware**

12. Name ~~XXXXXXXX~~ **James M. Wilson**

13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna E. Vanderpool**

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

16. (a) Informant **Frances Jones**
(b) Address **Kingsville, Missouri.**

17. (a) **Burial** (b) Date thereof **10-8-46**
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wesley Chapel Holden Mo.**

18. (a) Signature of funeral director **Canaday and Ropp**
(b) Address **Holden, Missouri**

19. (a) **10-9-46** (b) **M. G. Halldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6**
year **1946** hour **12/55** minute **A** M.

21. I hereby certify that I attended the deceased from **9:30-46**
19____ to **10-6-46** 19____
that I last saw him alive on **10-6-46** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94 a**
Of autopsy **no**

Duration _____
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?

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature **M. G. Halldine Holmes** (M. D. or other) _____
Address **1424 Professional** Date signed _____

32673

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Dr. Mark
534354

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..... *M. L. Canada*

Licensed Embalmer No..... *3434*

P. O. Address..... **Holden, Missouri.**

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.