

S. No. 2  
1-12-45  
7. 5-17-39  
I X47070

FILED NOV 21 1946

Registration District No. \_\_\_\_\_  
Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 395 days  
(Specify whether years, months or days)

In this community 395 days

3. (a) PRINT FULL NAME Homer R. Wilson

3. (b) If veteran, name war no

3. (c) Social Security No. 500-14-5558

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 18 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Bus operator

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

MOTHER FATHER { 12. Name Harry Wilson

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

14. Maiden name Amy Mindick

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

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removed (b) Date thereof Nov 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillips

18. (a) Signature of funeral director Geo S Orr

(b) Address 119 1/2 N. 1st St

19. (a) 11/9/46 (b) R. H. Philbrick  
(Date received local registrar) (Registrar's signature)

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. 37 East 32th Terrace 8  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8  
year 1946 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from October 10, 1945 to November 8, 1946  
that I last saw him alive on November 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis over 1 yr.

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

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

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

Major findings: 13B

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature G. L. Luykawa (M. D. or other) mo

Address Mo. State San, Mount Vernon, Mo. Date signed 11-8-46

RECEIVED

District Health Officer No. 6;

District File Number 1146-1153

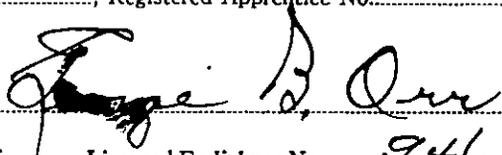
Date Filed NOV 19 1946

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.....



..... Licensed Embalmer No. 946

..... P. O. Address 294 Vernon St

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.