

No. 2
2-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5133

FILED FEB 24 1947

Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 619

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
In this community 33 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 821 INDEPENDENCE AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 7,
year 1947 hour 3; minute 40 A.M.
21. I hereby certify that I attended the deceased from FEBRUARY
3, 1947, to FEBRUARY 7, 1947
that I last saw him IM alive on FEBRUARY 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration

Due to URETHRAL STRICTURE

Due to Chronic urethritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 44a

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) Means of injury

23. Signature Frank [Signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 2/7/47

3. (a) PRINT FULL NAME JAMES WILSON

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MALE 5. Color or race NEGRO 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 FEBRUARY 23, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>10</u>	<u>4</u> hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name JAMES WILSON

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

14. Maiden name SUSAN Mc GEE

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

16. (a) Informant EMMA ROSS WALLACE (NIECE)

(b) Address 1142 INDEPENDENCE AVE.

17. (a) Removal (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation University of M

18. (a) Signature of funeral director [Signature]

(b) Address 1820 [Address]

19. (a) 2-11-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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

HB Moore

Licensed Embalmer No.

2410

P. O. Address

1820 E 18th

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.