

FILED FEB 3 1948 49

Registration District No. _____

Primary Registration District No. 1002

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 60 DAYS
(Specify whether
In this community 4 YRS.
years, months or days)

3. (a) PRINT FULL NAME LOIS WILSON

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

4. Sex FEMALE 5. Color or race NEGRO
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 OCTOBER 3, 1928
(Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation STUDENT

11. Industry or business HOWARD UNIVERSITY

MOTHER FATHER {

12. Name PAT L. WILSON

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

14. Maiden name ANNIE V. STEELE

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

16. (a) Informant ANNIE WILSON (MOTHER)

(b) Address 2205 PARK

17. (a) Touyaia (b) Date thereof 1-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 1-24-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2205 PARK
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21,
year 1948 hour 3: minute 25 A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 22,
1947 to JANUARY 21, 1948
that I last saw h. ER alive on JANUARY 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE PULMONARY THROMBOSIS WITH INFARCTION OF RIGHT LUNG
Duration _____

Due to BRONCHO-PNEUMONIA

Due to _____

Other conditions SCHIZOPHRENIA
(Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy SAME AS ABOVE

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)
(Specify means of injury) _____

23. Signature [Signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/21/48

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.