

FILED JAN 8 1949

5187

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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: Unit No. 2
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution less than 24 hrs.
(Specify whether years, months or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Wilson

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced div. 3

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug. 8 1909
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER {
12. Name Edward Wilson
13. Birthplace Hatfield N.J.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Franklin
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Truitt Hall, sister
(b) Address 1018 Troost

17. (a) Burial (b) Date thereof 12-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2009 12th K.C. Mo.

19. (a) 12-21-48 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 16
year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Bilateral Pulmonary Emphysema
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 113

Major findings: Of operations _____
Of autopsy Same as 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? _____

J. R. Williams (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Stearline Holmes (M. D. or other) _____
Address 2636 Brooklyn Date signed _____

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

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 .....

Licensed Embalmer No. 4437.....

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.