

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1468
132

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 53 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4612 Chestnut				d. STREET ADDRESS (If rural, give location) 4612 Chestnut					
3. NAME OF DECEASED a. (First) EARL (Type or Print)			b. (Middle) WILSON		c. (Last)				
4. DATE OF DEATH Jan 10 1949			5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid. 2		
8. DATE OF BIRTH June 22 1892			9. AGE (in years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Brookfield Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Abram G. Wilson			13b. MOTHER'S MAIDEN NAME Tressie Schnagle			14. NAME OF HUSBAND OR WIFE Emma B. Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 495-09-9754		17. INFORMANT'S SIGNATURE OR NAME Leo E. Wilson			ADDRESS 4612 Chestnut	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		21d. (COUNTY)		21e. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? B					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE A.E. Upsher <i>A.E. Upsher</i>				(Degree or title) M.D.		23b. ADDRESS 2850 Main		23c. DATE SIGNED 1/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City Mo			
DATE REC'D BY LOCAL REG. 1-11-49		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>			25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son, Inc			ADDRESS 2825 Indep. Blvd. Kansas City, Mo.	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. 98

working under my personal supervision.

Student D. W. Ware
Student Embalmer

Signed O. K. McFarland

Licensed Embalmer No. H. 397

P. O. Address Kansas City

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.