

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1949

State File No. 5200
604 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		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) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1039 Independence Ave.		d. STREET ADDRESS (If rural, give location) 1039 Independence Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) NORA			b. (Middle) WILSON			c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) 2 - 6 - 1949				
5. SEX fe		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 15 1878		9. AGE (In years last birthday) 70		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY self				11. BIRTHPLACE (State or foreign country) Arkansas			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Matt Robinett			13b. MOTHER'S MAIDEN NAME Viola Vance			14. NAME OF HUSBAND OR WIFE N. Lester Wilson		
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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. -		17. INFORMANT'S SIGNATURE OR NAME Nathan Lester Wilson				ADDRESS 1039 Indep Ave.	
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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) Cancer of gall bladder						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) primary							
		DUE TO (c) 155x							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas Jackson Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Nov 1947**, to **Feb 1949**, that I last saw the deceased alive on **Feb 4, 1949**, and that death occurred at **6:20** m., from the causes and on the date stated above.

23a. SIGNATURE Leo Hogan		(Degree or title) DO		23b. ADDRESS 3826 Troost Ave		23c. DATE SIGNED 2/7/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-9-1949		24c. NAME OF CEMETERY OR CREMATORY Mt Washington		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
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DATE REC'D BY LOCAL REG. 2-9-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son, Inc		ADDRESS Kansas City Mo	
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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.

working under my personal supervision.

Signed OK McFarland.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4397.....

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.