

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8651**
1257

FILED MAR 29 1952

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 Mo. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 70 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City - 7338		d. STREET ADDRESS (If rural, give location) 3017 EAST 19th STREET			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorah Hospital									
3. NAME OF DECEASED a. (First) JAMES ZACH (Type or Print)			b. (Middle)		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 3-14-52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH April 30-1876		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-FOREMAN-AT SWIFT + COMPANY			10b. KIND OF BUSINESS OR INDUSTRY FORMOSA, KANSAS			11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM HENRY HARRISON Wilson			13b. MOTHER'S MAIDEN NAME LOUISA CLARIE			14. NAME OF HUSBAND OR WIFE BERTHA 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. 570-07-3399		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Wilson, 247 NORTH 24, K.C. KANSAS				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)				
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?				
22. I hereby certify that I attended the deceased from June , 1948, to Mar 14, 1952 , that I last saw the deceased alive on Mar 14, 1952 , and that death occurred at 9 P.M. , from the causes and on the date stated above.									
22a. SIGNATURE Jack B. Brams (Degree or title)				22b. ADDRESS MD 330		22c. DATE SIGNED 15 Mar 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 17, 1952		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 3-17-52		REGISTRAR'S SIGNATURE Gerardine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer's Sons, Kansas City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

John R. Edmon

Licensed Embalmer No.

4531

P. O. Address

Kansas City, Mo.

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.