

FILED NOV 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37669
5168

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) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6 1/2 yrs.		e. STREET ADDRESS (If rural, give location) 1401 Troost Avenue 3264	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) Roy	a. (First)	b. (Middle)	c. (Last) Wilson	4. DATE OF DEATH 11 4 1954
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5. SEX Male	6. COLOR OR RACE Negro.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Apr. 10 1893	9. AGE (In years last birthday) 61	if UNDER 1 YEAR Months 0 Days 6	if UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger	10b. KIND OF BUSINESS OR INDUSTRY Paper Hanger	11. BIRTHPLACE (City and State or Foreign Country) K. C. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Calvin Wilson	13b. MOTHER'S MAIDEN NAME Hattie Casanova	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-271357	17. INFORMANT'S SIGNATURE OR NAME Maybelle Henderson	ADDRESS K.C. Mo.
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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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral acute pyelonephritis with multiple abscesses of kidneys; primary bronchogenic carcinoma with metastases.		162X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
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 checked="" type="checkbox"/> NO <input 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)
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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 10-19-54, 19 , to 11-4-54, 19 , that I last saw the deceased alive on 10-1-54, 19 , and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD	(Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 11-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 8 1954	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 11-8-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral	ADDRESS 2000 Home 6.12th
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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..

Student.....
Signature of Student Embalmer

Signed.....
C. Gerath R. Perford

Licensed Embalmer No. *7443*

P. O. Address *R. C. 91*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.