

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

272228

STATE FILE NUMBER

3572

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hosp		Length of stay in 1b 31 yrs		c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If outside, give location) 445 So Wheeling	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ELDON		Middle O		Last WILSON		Month Day Year Aug 13 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 29 1912	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10b. KIND OF BUSINESS OR INDUSTRY Roofing & Siding Certain-Teed Prod		11. BIRTHPLACE (City and state or country) Joplin Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Wilson				14. MOTHER'S MAIDEN NAME Lucy Griffis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 510-03-7856		17. INFORMANT Address Mrs Dorothy Wilson 445 So Wheeling			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Carcinoma Toxic</i> <i>Carcinoma of the Stomach</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						INTERVAL BETWEEN ONSET AND DEATH 45 days unknown 151 h	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-22-56 to 8-13-56 and last saw her alive on 8-13-56 Death occurred at 5:41-0m m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul A. Kienberger (Title) <i>Paul A. Kienberger MD</i>				22b. ADDRESS 5246 St John		22c. DATE SIGNED 8-14-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug 15 1956		23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		23d. LOCATION (City, town, or county) (State) Joplin Missouri	
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo				25. DATE RECD. BY LOCAL REG. 8-14-56		26. REGISTRAR'S SIGNATURE neva minshall	

1-5-67

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 49.

P. O. Address H.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.