

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31021****4046**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 town) Kansas City		c. LENGTH OF STAY (In this place) 19 yrs.		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2				e. STREET ADDRESS (If rural, give location) 17 1907 E. 8th 31780			
3. NAME OF DECEASED (Type or Print) a. (First) Lucille		b. (Middle) _____		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1956	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 10, 1901 55 yrs.	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Worker			10b. KIND OF BUSINESS OR INDUSTRY Factory			11. BIRTHPLACE (City and State or Foreign Country) Little River, Louisiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Johnny Douglas		13b. MOTHER'S MAIDEN NAME Rowena Brown		14. NAME OF HUSBAND OR WIFE Carl 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. 187-10-8402		17. INFORMANT'S SIGNATURE OR NAME Eddie Douglas, brother		ADDRESS 2901 Olive	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident 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.				INTERVAL BETWEEN ONSET AND DEATH 331+	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>9-11-56</u> , 19____, to <u>9-11-56</u> , 19____, that I last saw the deceased alive on <u>9-11-56</u> , 19____, and that death occurred at <u>1:07 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF W.R. Peterson (Deceased or title)				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 9-13-56	
24a. BURIAL-CREMA-TION REMOVAL (Specify) Burial		24b. DATE 9/15/56		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		24d. LOCATION (City, town, or county) (State) Kans. City, Missouri	
DATE REC'D BY LOCAL REG. 9-14-56		REGISTRAR'S SIGNATURE Melva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Fr. Hm. 18th & Benton			

(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.....
Signature of Student Embalmer

Signed... *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th & Be*

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.