

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14349
 Do not use this space.

MAY 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 84
 (b) Township Lake Primary Registration District No. 51-27
 (c) City Rushville (d) Street No. R. F. D. #2 Registered No. _____ St. _____
 (e) Length of residence in city or town where death occurred 67 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Sherman Wilson

(a) Residence, No. Rushville, Missouri St. R. F. D. #2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adella Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1865
 7. AGE YEARS 73 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1938

12. BIRTHPLACE (CITY OR TOWN) Evansville, Indiana
 (STATE OR COUNTRY)

FATHER 13. NAME Josiah Wilson,
 14. BIRTHPLACE (CITY OR TOWN) Evansville, Indiana
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Parks,
 16. BIRTHPLACE (CITY OR TOWN) Unknown, Indiana
 (STATE OR COUNTRY)

17. INFORMANT Adella Wilson
 (ADDRESS) Rushville, Missouri RFD #2

18. BURIAL, CREMATION, OR REMOVAL
 . PLACE Sugar Creek Cem. DATE April 23, 39

19. FUNERAL DIRECTOR Walter Meierhoffer
 (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED 4-22 1939 L. F. King
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1939

22. I HEREBY CERTIFY, That I attended deceased from april 18, 1939 to april 21, 1939
 I last saw h. 1M alive on 4-21, 1939. Death is said to have occurred on the date stated above, at 4:15P.
 The principal cause of death and related causes of importance were as follows:

apoplexy
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) A. Sharp M. D.
 (Address) Rushville, Missouri.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

✓
RECEIVED

District Health Officer No. 11

District File Number 39-388

Date Filed MAY 1 1933

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. Mo. 3946

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.)