REC'D SEP 12 1939

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

28574
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 85
(b) Township or Primary Registration District No. 1001 Registered No. 801
(c) City St. Joseph (d) Street No. In Ambulance on Way to Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 425 William Jackson Wilson Jr.
(a) Residence, No. RR #2 St. Joseph St.
(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 (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18th 1922
7. AGE Years 17 Months 4 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

FATHER
13. NAME William Jackson Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

MOTHER
15. MAIDEN NAME Stella Kline.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agricola, Kansas

17. INFORMANT (ADDRESS) W. J. Wilson RR #2 St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Valley Cemetery DATE Aug. 3rd 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleeman & Son, Inc. 1946 Calhoun St. Joseph, Mo.
20. FILED 8/2 1939 H. J. Nestlebush Local Registrar. 85

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1st 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1939, to ....., 19.... Viewed
I last saw ########## 19.... Death is said to have occurred on the date stated above, at 12:30 A. m.
The principal cause of death and related causes of importance were as follows:

Injuries received when the car he was driving turned over

Date of onset

Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/1 1939
Where did injury occur? St Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto accident
Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.