

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

32649
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH
(a) County Johnson Registration District No. 411
(b) Township Johnson Primary Registration District No. 2002 Registrar No. Freeman Hospital
(c) City Johnson (d) Street No. Freeman Hospital
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT-FULL NAME Francis Wilson
(a) Residence, No. R. P. 3 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 - 1872
7. AGE YEARS 67 MONTHS 4 DAYS 30
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) Apr 8 - 1872
11. Total time (years) spent in this occupation 39
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Missouri
13. NAME John Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
17. INFORMANT (ADDRESS) Records Dept
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 9-6-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wurthel
20. FILED 9-6-39 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1939 to Sept 2 1939
I last saw him alive on 9-5-39 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Chr. Parenchymatous
Chr. nephritis Date of onset ?
Other contributory causes of importance: 131
Senile Dementia 18 days
Name of operation None Date of ?
What test confirmed diagnosis? agno Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? no Date of injury ? 1939
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? no
so, specify no
(Signed) James A. O'Brien M. D.
614 1/2 Main St.
Johnson, Mo
Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully checked. 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.

Oldman

RECEIVED

District Inspector Officer No. 6,

District File Number 1039-2029

Date Filed OCT 9 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. _____ 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

Frank Wilson
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 4 24

The principal cause of death and related causes of importance were as follows:

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19____

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury _____

20. FILED 9-6-39 Ed L. James Registrar

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) James A. Osburn, M. D.

(Address) Joplin Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

