

DEC 12 1939

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

39418  
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218  
 (b) Township BOONVILLE Primary Registration District No. 3015 Registered No. 126  
 (c) City BOONVILLE (d) Street No. ST. JOSEPH'S 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

WILLIAM HOWARD WILMONT  
 (a) Residence, No. GRAND PASS, MO. 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

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 SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 14 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SCHOOL  
 9. Industry or business in which work was done, as saw mill, bank, etc. TEACHER  
 10. Date deceased last worked at this occupation (month and year) Nov - 1939 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI

FATHER 13. NAME JAMES A. WILMONT

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

MOTHER 15. MAIDEN NAME EFFIE A. SARTAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI

17. INFORMANT (ADDRESS) NOBLE WILMONT OMAHA, NEBRASKA

18. BURIAL, CREMATION, OR REMOVAL PLACE GRAND PASS DATE Nov 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER-KOENIG BOONVILLE, MO.

20. FILED 11-28 1939 H. Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1939, to Nov 28 1939

I last saw h. in alive on Nov 24 1939 Death is said to have occurred on the date stated above, at 12 a.m.

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

Acute bronchitis  
§/u  
 Other contributory causes of importance:  
extreme depletion of strength and underlying bacterial infection of spinal cord

Name of operation none 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? No  
 If so, specify             
 (Signed) R. H. Van Ravenswaay M.D.  
 (Address) Boonville, Mo

7  
 2  
 1 X-18603  
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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 FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 12/16/57

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**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.....

*James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo.

**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.**