

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 1125

3. (a) PRINT FULL NAME Oscar D. Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 17 1917  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Arkansas city Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation levee work

11. Industry or business

12. Name Goddard Wilson  
13. Birthplace La.  
(City, town, or county) (State or foreign country)  
14. Maiden name Synthia Row.  
15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stephanie Thomas  
(b) Address 1201 Beach St Helena Ark

17. (a) removal (b) Date thereof Jan 23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena Ark

18. (a) Signature of funeral director Walter Lewis  
(b) Address Poplar Bluff Mo

19. (a) 1/21/40 (b) Chasinger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Helena Ark (b) County \_\_\_\_\_  
(c) City or town Helena Ark  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1201 Beach St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Grover W. Green Coroner (M. D. or other)  
Address Poplar Bluff Mo Date signed 1/21-40

WRITE PLAIN!—USE UNFADING BLACK INK—MAKE 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.

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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.....

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.**