

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3121

Registration District No. _____ Primary Registration District No. 4337 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Fortuna (City) 2
(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 40 Years (Specify whether)
years, months or days) _____

3. (a) PRINT FULL NAME General Sherman Wilson

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

4. Sex Male 5. Color or race White
6. (a) ~~Single~~, widowed, married, divorced _____
6. (b) Name of husband or wife Chloe Wilson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased October 9 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 28 hr. _____ min.

9. Birthplace Ulman Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER
12. Name John Stephen Wilson
13. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Martin
15. Birthplace Sommerset Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Lambert
(b) Address Foertuna Mo

17. (a) Eldon (b) Date thereof Jan. 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Mo;

18. (a) Signature of funeral director James E. Richard
(b) Address Tipton Mo

19. (a) 1-8-40 (b) J. S. Williams
(Date received local registrar) (Registrar's signature)
Rev. H. J. Williams
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Fortuna (City)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 7 day 7th
year 1940 hour 8 am minute _____ M.

21. I hereby certify that I attended the deceased from Jan 7th
1940 to Jan 7th 1940
that I last saw him alive on Jan 7th and that death occurred on the date and hour stated above. 1940

Immediate cause of death _____ Duration _____
Coronary Occlusion few hours

Due to _____
Coronary Sclerosis few
Arterio Sclerosis year
Other conditions Edema of lungs 3 hrs.

(Include pregnancy within 3 months of death)
Major findings: _____ PHYSICIAN _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically

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 W. B. Quinn (M. D. or other) _____
Address Versallen Mo Date signed 1-7-40

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.

RECORD & EXAMINATION BOARD & EXAMINER'S RECORD

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, MS

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.