DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7893

Registration District No. 738

Primary Registration District No. 5-967

Registrar's No.

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Rural Salisbury (If outside city or town limits, write "RURAL" and name of township)

(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: 2 (Specify whether years, months or days)

In this community: Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Randolph

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. OV (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: BOBBIE WILSON

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced:

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Mar (Month) 21 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day: hr. 4 min.

9. Birthplace: Randolph Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation: 0

11. Industry or business: 0

MOTHER FATHER

12. Name: Kennie Wilson

13. Birthplace: Charton Co (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Teora Slim

15. Birthplace: Vernon Co (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs Kennie Wilson

(b) Address: Moberly Mo R R 4

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: Feb 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Huntsville

18. (a) Signature of funeral director: Tom B Carter

(b) Address: Huntsville Mo

19. (a) Mar 2 1940 (Date received local registrar) (b) Mrs D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 26 day 1940

year hour minute M.

21. I hereby certify that I attended the deceased from Feb 26, 1940, to Feb 26, 1940, that I last saw him alive on Feb 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Blue Baby,	
Incompleat Foramen Ovale	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 15 hr	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: D. H. Johnston (M. D. or other) M.D.

Address: Huntsville Mo. Date signed 2/28/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

RECEIVED
District Health Officer No. 10
District File Number 3-40-508
Date Filed MAR 5 1940

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.