

FILED MAR 12 1940

Registration District No. 820

Primary Registration District No. 1069

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural - Sylvania
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 4 months years, months or days

3. (a) PRINT FULL NAME William Wilson

8. (b) If veteran, name war: _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Colo 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Wilson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased ABOUT 1891
(Month) (Day) (Year)

8. AGE: Years ABOUT 49 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Oakland Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Way laborer

11. Industry or business Farming

12. Name not known 9

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Johnnie Green (col)

(b) Address Hainton, Mo

17. (a) Burial (b) Date thereof 2/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMullin, Mo

18. (a) Signature of funeral director J. J. Annister

(b) Address W. Albrecht, Mo

19. (a) 3/5/40 (b) J. P. Lickman 73
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Painton Mo R#1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1940 hour 6 minute 10 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 Deceased had been cutting wood for about 8 hours. Complained of feeling lousy + started home. I took him away. Full dead.
Probable cause of death: acute fibrillation of heart

Other conditions had suffered several heart attacks recently
(Include pregnancy within 3 months of death)

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? _____

Of autopsy 95W

23. Signature John F. Annister J. D. or County Scott
Address Painton Mo Date signed 2/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2,

District File Number 340-71

Date Filed 2/9/40

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.