

4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27872

Registration District No. 16 B D 50

Primary Registration District No. 3004

Registrar's No. 67

1. PLACE OF DEATH: Bates  
(a) County Bates  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 73 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bates  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Pleasant Gap Trp.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Oliver Perry Wilson  
3. (b) If veteran, name war V  
3. (c) Social Security No. 405

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 19  
year 1940 hour \_\_\_\_\_ minute 10 P.M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Wilson  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased April 18, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17 to Aug 19th, 1940  
that I last saw her alive on Aug 19th  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
Due to followed an  
Due to injury by cow

9. Birthplace Daugman Co. Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation farmer

Other conditions stepping in  
(Include pregnancy within 3 months of death) Stomach  
Major findings: Of operations \_\_\_\_\_  
Of autopsy none

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Reuben C. Wilson  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Cassidy  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Aug 19th  
(c) Where did injury occur? his home (barn)  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work yes (Specify type of place) Worked on  
(e) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Mary Wilson  
(b) Address Butler Mo. R.F.D.  
17. (a) burial (b) Date thereof Aug 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rogers Cemetery  
18. (a) Signature of funeral director Leubens  
(b) Address Butler, Mo 53  
19. (a) Aug 23 1940 (b) Oliver P. Culver  
(Date received local registrar) (Registrar's signature)

23. Signature H. D. La Hue (M. D. or other) MD  
Address Butler, Mo. Date signed 8-23-40

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

RECEIVED

District Health Officer No. 7,  
District File Number 9-40-1341  
Date Filed 9-13-40

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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, fact should be so stated above.**