No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28352

Registration District No. 222 Primary Registration District No. 4135 Registrar's No. 13 permit (12)

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

1. PLACE OF DEATH: AUG SEP 19 1940

(a) County Cooper
(b) City or town Pilot Grove
(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) 2
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) PEYTON HARRISON WILSON

3. (a) PRINT FULL NAME Known as HARRY 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 Married
6. (b) Name of husband or wife Nora Wilson
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 28 (Day) 1869 (Year)

8. AGE: Years 71 Months 2 Days 4 If less than one day — hr. — min.

9. Birthplace Otterville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Railroad Employee
11. Industry or business Section Laborer
FATHER
12. Name Pinkney Wilson
13. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Jane Ray
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant X Mrs Frank Dirkschneider
(b) Address Pilot Grove, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove Cemetery
18. (a) Signature of funeral director Hays & Painter
(b) Address Pilot Grove Mo
19. (a) Sept. 3/1940 (Date received local registrar) (b) Mrs. E. B. McCutcheon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper
(c) City or town Pilot Grove
(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 Sept day 2
year 1940 hour about 10 minute A. M.
21. I hereby certify that I attended the deceased from not attended
, 19 , to , 19 ;
that I last saw h alive on not seen alive , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by Hanging	Instantaneous
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
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) Suicide
(b) Date of occurrence Sept 2 1940
(c) Where did injury occur? Pilot Grove (City or town) Cooper (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 200 on a private farm. (Specify type of place)
While at work? no (e) Means of injury Hanging by a rope from a tree
23. Signature J. C. Tincher (M. D. or other) M. D.
Address Boonville Mo Date signed Sept 2 1940
Coroner of Cooper Co. Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-9-440
Date Filed

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~~ Personally, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Leyton E. Jones

Licensed Embalmer No. 3074

P. O. Address Pilot Grove,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.