

No. 2
-10-31
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31664

Registration District No. 138

Primary Registration District No. 1283

Registrar's No. 57

1. PLACE OF DEATH:
(a) County: CARROLL WASHINGTON Twp
(b) City or town: Braymer Mo. R. 4.
(c) Name of hospital or institution: NONE WASHINGTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE 2
In this community: SEVEN YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Carroll
(c) City or town: Braymer Mo. R-4
(If outside city or town limits, write "RURAL")
(d) Street No.: Plymouth MO
(If rural, give location)
(e) If foreign born, how long in U. S. A? L years.

8. (a) PRINT FULL NAME: CLOY WARRER WILSON
8. (b) If veteran, name war: NONE
8. (c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 8
year 1940 hour 4-P minute M.

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct 22 - 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 8, 1940 to Sept 8, 1940 that I last saw him alive on Sept 8, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 16 Months 10 Days 17 If less than one day hr. min.

Immediate cause of death: acute ascending poliomyelitis
Duration: not known

9. Birthplace: WHEELING LIV CO MO
(City, town, or county) (State or foreign country)

Due to: 16
Due to:
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: NONE
11. Industry or business:
12. Name: PEARL WILSON
13. Birthplace: WHEELING LIV CO MO
(City, town, or county) (State or foreign country)
14. Maiden name: MARY CHAMBERLAIN
15. Birthplace: NORBORNE MO
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations:
Of autopsy:
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Marina Johnson
(b) Address: Braymer Mo. R. 4.
17. (a) Removal (b) Date thereof: Sept 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: WHEELING MO
18. (a) Signature of funeral director: Smiley Funeral Home
(b) Address: Frank Smiley Wheeling MO
19. (a) Date received local registrar: Sept 9 1940 (b) V. C. Cole (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
Where did injury occur? (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury:
23. Signature: Henry Patterson (M. D. or other) M.D.
Address: Parapina MO Date signed 9/9/40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 10-8-40
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 _____

Frank L. Smiley

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Frank L. Smiley

Licensed Embalmer No. _____

470

P. O. Address _____

Whitney M

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.