No. 2
1-13-40
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X23159

9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36193

NOV 21 1940

Registration District No. 744 Primary Registration District No. 5976B Registrar's No. 103

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) 3

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

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

0

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

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

3. (a) PRINT FULL NAME Leroy David Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Black

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 April (Month) 28 (Day) 1930 (Year)

8. AGE: Years 10 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation School Boy 0

11. Industry or business 0

FATHER
12. Name James L. Wilson
13. Birthplace Richmond Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Dublett
15. Birthplace Richmond Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Eva Wilson

(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15 (Month) 1940 (Day) (Year)

(c) Place: burial or cremation Wilson Cem.

18. (a) Signature of funeral director A. W. Mauser

(b) Address Richmond Mo.

19. (a) Nov 4-40 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12th year 1940 hour 12 minute 0 P M.

21. I hereby certify that I attended the deceased from Aug 12, 1940 to —, 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental Drowning.	Inst
Due to in Private Pond.	
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) accidental

(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? 0 (Specify type of place)

While at work? (e) Means of injury 5

23. Signature G W Gaines Md. Coroner (M. D. or other) Md.

Address Richmond Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-13-40
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. W. Mausu

Licensed Embalmer No. 4157

P. O. Address Richmond Mo

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

If this body is not embalmed, fact should be so stated above.