

Registration District No. 104

Primary Registration District No. 5157A

Registrar's No. 325

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Calwood Township
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 17 years
years, months or days _____

3. (a) PRINT FULL NAME Stephen S. Wing

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

4. Sex m 5. Color or race W

6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife La Ola Wing 6. (c) Age of husband or wife if alive years _____

7. Birth date of deceased March 15 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 8 22 hr. min.

9. Birthplace Pittsfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Giles Nelson Wing

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Pettit

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant A. W. Wing

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 12/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Geo H. Wallace

(b) Address Fulton, Missouri

19. (a) Dec. 7, 1940 (b) P. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 1/2 mile South of Calwood
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1940 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 1, 1940 to Dec 6, 1940
that I last saw him alive on Dec 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Hemorrhage

Due to Cancer ? Duration 3 mo

Due to _____

Other conditions (Include pregnancy within 3 months of death) 11/8/40

Major findings: _____

Of operations _____

Of autopsy none

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) _____

(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? no

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. J. Owen (M. D. or other) _____
Address Fulton Mo Date signed 12/7/40

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 James O. Mudd
Licensed Embalmer No. 4152
P. O. Address Fulton, Mo.

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.