

JAN 25 1941

Registration District No. 692

Primary Registration District No. 5919B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town New Market, Missouri  
(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) 2  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town New Market, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Edward Wilderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not Living 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased April 25th, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 8 0 0 hr. 0 min.

9. Birthplace Linden Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business None

12. Name John Henry Wilderson

13. Birthplace Baltimore Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Osborn

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

16. (a) Informant J. L. Wilderson

(b) Address 3430 South Pennsylvania

17. (a) Burial (b) Date thereof Dec. 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Market, MO.

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn, Missouri

19. (a) Dec. 26, 1940 (b) T. H. Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day December  
year 1940 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from December 20th, 1940, to December 25, 1940; that I last saw him alive on December 24th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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? \_\_\_\_\_

While at work? 673 (Specify type of place) (a). Means of injury \_\_\_\_\_

23. Signature S. L. Durham (M. D. or other) \_\_\_\_\_

Address Durban No Date signed 12-26-40

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

MOTHER FATHER

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 Rebecca Davis

Licensed Embalmer No. 4160

P. O. Address Newton 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, above space should be left blank.