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FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3308

Registration District No. 508

Primary Registration District No. 5677

Registrar's No. 22

9  
0  
0

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

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chula Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Crescent  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Daniel Osborne Wilson

3. (b) If veteran, name war 71 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Martha K. Wilson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. Mar. 21 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name George W. Wilson

13. Birthplace Indianapolis Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel R. Anderson

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

16. (a) Informant Johnny W. Wilson

(b) Address Wilson Mo.

17. (a) Burial (b) Date thereof Feb. 19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallace Co.

18. (a) Signature of funeral director E. J. Robertson

(b) Address Laredo Mo.

19. (a) JAN 19-41 (b) H. Wallace M. Co.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1941 hour 3 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 20 to Jan 17, 19 41  
that I last saw him alive on Jan 16, 19 \_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
poisoning

Due to Hypertension for \_\_\_\_\_ years  
of prostate gland

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

943 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Musgrave (M. D. or other) 0

Address Walling Mo. Date signed 1-18-41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 E. J. Robertson  
Licensed Embalmer No. 2468  
P. O. Address Lordsburg, 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.