DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6599

FILED MAR 14 1941

Registration District No. 133 Primary Registration District No. ~~5217~~ 4087 Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Freeman Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 55 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Freeman Mo. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME David Sumner Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1 m

6. (b) Name of husband or wife Ola Lillie Wilson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) 31 (Day) 1861 (Year)

8. AGE: 79 Years | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Loda Iroquois Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name William Wilson
13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ahart
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence O Wilson

(b) Address 4128 Owenby St La Plata Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof March 2-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cleveland Mo.

19. (a) 3-2-1941 (Date received local registrar) (b) Mrs Pearl Suddarth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 2 28 1941 to 2 28 1941 that I last saw her alive on 2 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Due to Cardiac Asthma

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93 F

Major findings:
Of operations
Of autopsy

Duration

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? 1410 (Specify type of place)

While at work? (e) Means of injury

23. Signature D S Long (M. D. or other) 0

Address Hamsonville Mo Date signed 3/1-41

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland

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

If this body is not embalmed, above space should be left blank.