

5-17-39  
I X2142  
MAR 19 1941  
Registration District No. 827

Primary Registration District No. 4500

State File No. \_\_\_\_\_  
Registrar's No. 1

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Clarence  
(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 years, months or days)  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shelby <sup>102</sup>  
(c) City or town Clarence Mo  
(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.

8. (a) PRINT FULL NAME Henry Wilson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race nr. 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec - 21 - 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 24 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

MOTHER FATHER { 12. Name Don't know  
13. Birthplace Don't know (City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Beulah Hurlinger  
(b) Address Clarence, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 1 - 15 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Morris cemetery

18. (a) Signature of funeral director W. H. H. H.  
(b) Address Clarence, Mo.

19. (a) Feb 11 - 1941 (b) Ray Hamilton  
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 13  
year 1941 hour 6 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Dec 20  
1941, to Jan 13, 1941  
that I last saw him alive on Jan 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Duration Dec 18 1940

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

While at work? 751 (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Clarence M. O'Hara (M. D. or other) O  
Address Clarence Mo Date signed Feb 10 1941

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-578

Date Filed MAR 10 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.