

APR 15 1941
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 326

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2601 South 6th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2601 South 6th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Miles Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1941 hour 7 minute 30 A.M.

3. (b) If veteran, name war none

3. (c) Social Security No. 487-09-1906

21. I hereby certify that I attended the deceased from _____, 1939, to _____, 1941.

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

that I last saw him alive on March 17, 1941, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 58 years

Immediate cause of death Heart failure of cardiac asthma Duration _____

7. Birth date of deceased: June (Month) 11 (Day) 1886 (Year)

8. AGE: Years 54 Months 9 Days 10 If less than one day hr. _____ min. _____

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

Due to _____

Due to _____

Other conditions Estimate of short
(Include pregnancy within 3 months of death)

10. Usual occupation Factory Hand Employee

Major findings: _____
Of operations _____

Of autopsy: _____

11. Industry or business Embroidery Co

12. Name Thomas Wilson

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

14. Maiden name Matilda Bond

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

16. (a) Informant Mrs Effie Wilson

(b) Address 2601 South 6th St

17. (a) Burial (b) Date thereof 3-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Sovereign Cemetery

23. Signature S.B. Davis M.D. (M. D. or other) J.M.D.
Address Amazonia Mo Date signed 3/21/41

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

B. J. Brentlinger

Licensed Embalmer No. *4201*

P. O. Address *St. Joseph, 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.