

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 16 1941  
625

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18571

Registration District No. 6031

Primary Registration District No. 3031

Registrar's No. 73

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

1. PLACE OF DEATH:  
(a) County Madaway  
(b) City or town Maryville  
(c) Name of hospital or institution: St. Frances Hospital  
(d) Length of stay: In hospital or institution 14 days  
In this community 60 yrs

3. (a) PRINT FULL NAME Aaron Wilson  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex mo 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Nettie Wilson  
6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Nov 28 1860

8. AGE: Years 80 Months 3 Days 23  
If less than one day hr. min.

9. Birthplace St. Joseph Mo

10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business  
12. Name Miles Wilson  
13. Birthplace no known  
14. Maiden name Lucinda Adams  
15. Birthplace no known

16. (a) Informant Mary Stebb  
(b) Address 2430 South Sixth St  
17. (a) B (b) Date thereof 5 23 1941  
(c) Place: burial or cremation Baptist Cemetery Savannah

18. (a) Signature of funeral director E. G. Breit  
(b) Address Savannah Mo  
19. (a) May 21-41 (b) Mama E. Clardy

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Amagonia  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 day 21  
year 1941 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from May 22, 1941, to May 21, 1941; that I last saw him alive on May 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage of sigmoid  
Due to 18 mo

Other conditions file  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy hemorrhage of sigmoid

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Patrick P. Kelly (M. D. or other) 0  
Address Savannah Mo Date signed 5-21-41

Duration 2 weeks history about 18 mo  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address.....

*Savannah*

**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.**