

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27976

State File No. _____

Registration District No. 134

Primary Registration District No. 4075

Registrar's No. 10

17
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town Bosworth Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL
(c) City or town Bosworth Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM J. WILSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. -

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ELIZABETH WILSON 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased AUGUST 14 1869
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name JAMES WILSON
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name JANE JONES
15. Birthplace DEWITT MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. J. Wilson

(b) Address Bosworth MO

17. (a) Burial (b) Date thereof 8-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETRY

18. (a) Signature of funeral director David G. Edwards

(b) Address Bosworth Mo

19. (a) Aug 9 - 1941 (b) Mrs. A. G. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1941 hour _____ minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 1938 to Aug 9 1941

that I last saw him alive on Aug 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Carcinoma of Liver

Due to 464

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature David G. Edwards (M. D. or other) MD

Address Bosworth Date signed Aug 9 1941

17-5-6
Health Officer No. 8

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 David J. Edwards
Licensed Embalmer No. 3265
P. O. Address Bosworth 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.