

No. 2
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-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FIFTH OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31811

Registration District No. 4-11

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 2 yrs. 2 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(d) Street No. Joplin R#2 South Of town
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Michaels Dean 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, single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 8, 1939 (Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Gray Wilson

12. Name Enid Okla (City, town, or county) (State or foreign country)

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

14. Maiden name Duneweg Mo. (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Jennie Wilson (b) Address Joplin R. 2

17. (a) Burial (b) Date thereof Sept 24 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Hurlbut Und, Co.

18. (a) Signature of funeral director 212 Joplin St. Joplin Mo (b) Address

19. (a) 9-24-41 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23, 1941 year hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 6-16 to 6-23 that I last saw him alive on 6-23 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Encephalitis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 14

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?
(Specify type of place)

While at work? (c) Means of injury
23. Signature [Signature] (M. D. or other)
Address Joplin Mo Date signed

Duration 7 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(Licensed Embalmer's Statement on Reverse Side)

41-10-849

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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Gofis 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.