

DEC 16 1941

Registration District No. 4267

Primary Registration District No. 4267

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede Mo. Town  
 (b) City or town Cryostat Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Wallace Memorial Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)  
 In this community 1 yr - 7 mo -

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. State (b) County Laclede 53  
 (c) City or town Cryostat Mo. Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME EARNEST LEE WILSON JR.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced OK

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

7. Birth date of deceased April 1 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>7</u>	<u>16</u>	hr. .... min.

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

10. Usual occupation ✓

11. Industry or business .....

12. Name Earnest Wilson

13. Birthplace Laclede Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Tracy Allen

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

16. (a) Informant Earnest Wilson

(b) Address Cryostat Mo.

17. (a) burial (b) Date thereof Nov 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Salem

18. (a) Signature of funeral director no Funeral Director

(b) Address ✓

19. (a) 11/21-41 (b) James L. Hope  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17  
 year 1941 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 12 41  
 to Nov 17, 41  
 that I last saw him alive on Nov 17, 41  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cardiac failure 10 min.

Due to Diphtheria 12 days

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations no

Of autopsy no

Duration

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? .....

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

While at work? .....

23. Signature James L. Hope (M. D. or other) 0

Address Osbanon, Mo. Date signed 11/19/41

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

Laclede County Unit

Co. File # 12-41-11

Date Filed 12-11-41

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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 *Dorsey M. Howe*.....

Licensed Embalmer No. *4222*.....

P. O. Address *Lebanon 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.**