

DEC 23 1941 481  
477  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4290

1. PLACE OF DEATH:

(a) County LEWIS  
(b) City or town LEWISTOWN 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 85 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS MO  
(c) City or town LEWISTOWN  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U.S.A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME HEZKIAH WILSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE color White  
5. Color or race White  
6. (a) Single, widowed, married divorced widowed  
6. (b) Name of husband or wife MOLLYE WILSON  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC 10 1853  
(Month) (Day) (Year)

8. AGE: 88 Years 10 Months 17 Days If less than one day hr. min.

9. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business  
12. Name Henry Wilson  
13. Birthplace Ky  
14. Maiden name Christine  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Wilson  
(b) Address Lewistown Mo

17. (a) Burial (b) Date thereof 4/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Mo

18. (a) Signature of funeral director James Allen  
(b) Address Lewistown Mo

19. (a) 11-7-41 (b) P.W. Jennings, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1  
year 1941 hour 11:30 AM minute M.

21. I hereby certify that I attended the deceased from June 30 1941 to Nov 1 1941  
that I last saw him alive on Oct 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy  
Due to High blood pressure

Other conditions: Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: No  
Of operations: No  
Of autopsy: No

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) (e) Means of injury  
Signature Harry L. Archer (M. D. or other) D.D.  
Address Lewistown Mo Date signed Nov 2

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

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Duration  
20 30  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-41-2234

Date Filed DEC 18 1941

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 Myself

and James A. Coder, Jr., Registered Apprentice No. 298  
working under my personal supervision.

Signed James A. Coder

Licensed Embalmer No. 2532

P. O. Address Lewis Town 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, above space should be left blank.