S. No. 2
—9-4-41
5-17-39
P1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1905

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 110

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1401 Bessie 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 1401 Bessie (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BENJAMIN 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 Married

6. (b) Name of husband or wife Lulu Davis Wilson

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

7. Birth date of deceased Apr. (Month) 3 (Day) 1873 (Year)

8. AGE: Years 68 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Hotel Clerk

11. Industry or business Hotel

FATHER
12. Name P. G. Wilson
13. Birthplace Cape Girardeau Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Yeargen
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben Wilson
(b) Address Cape Girardeau Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 11 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield Mo

18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo

19. (a) 12-10-41 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day Dec year 1841 hour 3 minute 340 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1941, 1941, to Dec 9 1941 that I last saw him alive on Dec 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis Liver

Due to Unknown Cause

Due to

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

Major findings:
Of operations 124 b 1
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? (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? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Cape Girardeau Date signed 12-10-41

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 142-113

Date Filed 1-15-42

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 J. W. Foster

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, 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.