. S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1942

Registration District No. 5798

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2977

Primary Registration District No. 5798

Registrar's No. 26

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Rural Buffalo Twp
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARTIN SEIGLE 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: widowed
6. (b) Name of husband or wife: Laura Jane Ritchie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 18 (Day) 1862 (Year)

8. AGE: Years 78 Months 10 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace: Stover (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....

FATHER
12. Name: John Wilson
13. Birthplace: Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Fannie Silvey
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Porter Wilson
(b) Address: Stover Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 13 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Ritchie Cemetery
18. (a) Signature of funeral director: Rapp & Stevinson
(b) Address: Stover Mo
19. (a) 11-5-41 (Date received local registrar) (b) Will F. Berry Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 th year 1941 hour 8 minute 5 P. M.
21. I hereby certify that I attended the deceased from Dec 9 1940 to July 11 1941 that I last saw him alive on about June 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Parenchymatous nephritis	unknown
Due to	
Due to	
Other conditions: Degenerative heart (Include pregnancy within 3 months of death)	unknown

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: A J Gunn (M. D. ~~or other~~)
Address: Versailles Mo Date signed 7/12/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2192
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 Jewell Stevenson

Licensed Embalmer No. K073

P. O. Address Stover 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.