7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10067

Primary Registration District No. 3002

Registrar's No. 37

1. PLACE OF DEATH:
(a) County: AUDRAIN
(b) City or town: MEXICO City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: just born (Specify whether years, months or days)
In this community: 7 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Mexico
(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: LARRY LEE 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: D
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: MARCH (Month) 12 (Day) 42 (Year)
8. AGE: Years | Months | Days | If less than one day: 7 hr. min.
9. Birthplace: MEXICO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER
12. Name: RAYMOND L. WILSON
13. Birthplace: VANDALIA (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name: ERCIENELL DOYLE
15. Birthplace: VANDALIA (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: RAYMOND WILSON
(b) Address: VANDALIA MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation: FARBER, MISSOURI
18. (a) Signature of funeral director: W. S. Waters
(b) Address: Vandalia, Missouri
19. (a) March 13-1942 (Date received local registrar) (b) Margaret Smacke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 12 year: 1942 hour: 3 minute: P.M.
21. I hereby certify that I attended the deceased from Mar 12, 1942 to Mar 12, 1942 that I last saw him alive on Mar. 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Hydrocephalus	2 hr
Due to: Malformation in utero	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 1674
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: [illegible] (M. D. or other) D.O.
Address: Laddonia Mo. Date signed: 3/13/42

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-16-847
Date Filed APR 16 1942

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.