

Registration District No. **204**

Primary Registration District No. **2013**

Registrar's No. **34**

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Cameron
 (c) Name of hospital or institution:
XX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXX
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Porter Wilson
 3. (b) If veteran, name war none
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife XXXXXX
 6. (c) Age of husband or wife if alive XXXXX years
 7. Birth date of deceased May 2nd, 1860
 (Month) (Day) (Year)

8. AGE:
 Years 82 Months I Days 21
 If less than one day hr. min.

9. Birthplace Hancock Co. West Va.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER
 12. Name James Wilson
 13. Birthplace West Marlin, Co. West Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Garet Carson
 15. Birthplace Hancock Co. West Va.
 (City, town, or county) (State or foreign country)

16. (a) Informant Cora M...
 (b) Address Cameron, Mo.

17. (a) Buried
 (Burial, cremation, or removal)
 (b) Date thereof June 25 1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation W. Pleasant Cem. Def. Kalb...

18. (a) Signature of funeral director [Signature]
 (b) Address Cameron, Mo.

19. (a) 6-24-42 Mrs Kathleen Harris
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton
 (c) City or town Cameron
 (If outside city or town limits, write "RURAL")
 (d) Street No. So Orange St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. XXXXXX years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 23
 year 1942 hour 7 minute 7 A.M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 23, 1942
 that I last saw him alive on June 23, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease
 with
 Congestive Heart Failure

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death) 938

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?

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature [Signature] (M. D. or other)
 Address Cameron, Mo. Date signed June 27/42

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

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.....

Licensed Embalmer No. 1180.....

P. O. Address. Cameron, N.C.....

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.