

25628

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED AUG 11 1942

Registration District No. 906

Primary Registration District No. 6224

576

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartsville
(c) Name of hospital or institution: 7 1/2 miles southeast of Hartsville
(d) Length of stay: In hospital or institution None
In this community 72 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartsville
(d) Street No. 7 1/2 miles Southeast Hartsville
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ANDERSON GRANT WILSON

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 1 (Month) 22 (Day) 1870 (Year)

8. AGE: Years 72 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Douglas Co Mo.

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name James Wilson
13. Birthplace Anderson Unknown
14. Maiden name Ann Alloway
15. Birthplace Anderson Unknown

16. (a) Informant's own signature Jean Wilson
(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof 7 18-1942
(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Gene E. Holden
(b) Address Hartsville Mo

19. (a) Aug 3, 1942 (b) W. T. Wynn
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 8:00 minute PM

21. I hereby certify that I attended the deceased from July 17, 1942, to July 17, 1942
that I last saw him alive on July 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day
Duration

Due to

Due to

Other conditions § 30
(Includes pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
(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

23. Signature J. P. Mott (M. D.)
Address Hartsville Mo Date signed 8/11-42

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

Nov. 5-17-39
U.S. GPO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 842-1071

Date Filed AUG 10 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.....

Gene E. Holliman

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.