

FILED SEP 11 1942 284

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Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McLarney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days)
In this community One week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Tina, Missouri 8
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23rd,
year 1942 hour 5 minute 30 AM.
21. I hereby certify that I attended the deceased from August 15 1942 to August 23 1942
that I last saw him alive on Aug 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 days
Due to Intestinal Obstruction 7 days
Due to Ruptured Spleen 7 days
Other conditions 117a1

Major findings:
Of operations Ruptured Spleen
Intestinal Obstruction
Of autopsy

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? .. Means of injury ..
23. Signature Dr. Everett L. Smith M.D. or other DO
Address Tina Date signed Ms

3. (a) PRINT FULL NAME FRED ALLEN WILSON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Wilson 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 3rd, 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Nodaway Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hardware dealer

MOTHER FATHER { 12. Name Miami Wilson
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Barah Elnora Colbert
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della Wilson

(b) Address Tina, Missouri

17. (a) Burial (b) Date thereof 8/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Missouri

19. (a) 8-26-1942 (b) W W Cannon
(Date received local registrar) (Registrar's signature)

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

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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.....

Clifford W. Austin,

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford W. Austin

Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri.

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.