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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

Registration District No. 75

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4139

State File No. 30146

Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County: CLINTON
(b) City or town: TURNEY. (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 ____ In this community 15 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISOURI (b) County: CLINTON
(c) City or town: TURNEY (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Charles Edward 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: MARRIED
6. (b) Name of husband or wife: MRS. Della Wilson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Sept. (Month) 12 (Day) 1887 (Year)

8. AGE: Years 57 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: CABBAL Co. (City, town, or county) W. Va. (State or foreign country)
10. Usual occupation: FARMER.
11. Industry or business: FARMING.
12. Name (FATHER): BEN E. WILSON
13. Birthplace (FATHER): Unknown (City, town, or county) W. Va. (State or foreign country)
14. Maiden name (MOTHER): SARAH E. SWAN
15. Birthplace (MOTHER): Unknown (City, town, or county) W. Va. (State or foreign country)
16. (a) Informant: Mrs. Della Wilson.
(b) Address: Turney, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 9. 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Turney-Mo.
18. (a) Signature of funeral director: DeMoss CRUNK.
(b) Address: LATHROP, MO.
19. (a) Sept. 15, 1942. (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day Sept. year 1942 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from Sept. 1, 1942 to Sept. 9, 1942 and that I last saw him alive on Sept. 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration ____
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
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? ____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place)
While at work ____ (e) Means of injury ____
23. Signature: E. J. Longfield (M. D. or other)
Address: Lathrop, Mo. Date signed 9/9/42

10X6 (Licensed Embalmer's Statement on Reverse Side)

FEB 23 1956

FEB 28 1956

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, ~~only~~ Lee Moss Crink, Registered Apprentice No. ....., working under my personal supervision.

Signed Lee Moss Crink

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.