

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

2
42
-39
322873

FILED NOV 23 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9541**

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Christian Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(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 **Weber N. Wilson**

3. (b) If veteran, name war..... 3. (c) Social Security No. **707-07-6498**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Catherine** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Jan. 15th 1882**
(Month) (Day) (Year)

8. AGE: Years **60** Months **9** Days **29** If less than one day hr. min.

9. Birthplace **Fairmont, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **R. R. Brakeman**

11. Industry or business

12. Name **Unknown**

13. Birthplace **"**
(City, town, or county) (State or foreign country)

14. Maiden name **"**
Birthplace **"**
(City, town, or county) (State or foreign country)

16. (b) Informant **Catherine Wilson**

(b) Address **Hannibal, Mo.**

17. (a) **Burial** (b) Date thereof **11-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
Kahoka, Hannibal, Mo.

(c) Place: burial or cremation

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 16 1942** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14th**
year **1942** hour **6** minute **10** AM

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Coronary Occlusion
Arterio Sclerosis
Coronary Sclerosis

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?.....
(City or town) (County) (State)

(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.....

Signature **Thomas F. Callahan** (M. D. or other)

Address **Deputy Coroner** Date signed **11-16-42**

JAN 21 1949

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.....
Robert W. Kapp

Licensed Embalmer No. *1861*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of mo }
County of Marion } ss.

State File No. St Louis
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of January, 1943 before me appears _____

Catherine A. Wilson, who, upon her oath, states that the original record of ~~death~~

for Walter N. Wilson died November 14, 1942, in the State of Missouri, and which was filed at Jefferson City, Mo. on _____, 19____, should be corrected as follows:

Item No. _____ should read Birth place - Fairmont, Missouri ~~instead of unknown~~

Instead of "unknown"

Item No. _____ should read Buried on November 16, 1942

Instead of November 17, 1942

Item No. _____ should read Buried at Kahoka, Missouri

Instead of Hannibal, Missouri

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Catherine A. Wilson ^{Wife}

Relationship.

1506 Fulton Avenue, Hannibal, Mo.

Present Address.

Subscribed and sworn to before me this 30th day of January, 1943

My Commission expires March 9, 1943

Gladys S. Catlett

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-36060

1942