

FILED DEC 12 1942

Registration District No. 128

Primary Registration District No. 3022

State File No.

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woods Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days.
(Specify whether years, months or days)

In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

(c) City or town Jameson RR 2
(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 Sam E. Wilson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1942 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 15 1942 to Nov. 21 1942
that I last saw him alive on Nov. 21 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Florence Wilson 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct 18 1885
(Month) (Day) (Year)

Immediate cause of death Apoplexy Duration _____

Due to Diabetes Mellitus and Complication of Apoplexy

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 57 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Cossey Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Joe W Wilson

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

14. Maiden name Ellen Minnie McClung

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Wilson

(b) Address Jameson Mo R.R.

17. (a) Burial (b) Date thereof Nov 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levora Kas

18. (a) Signature of funeral director G. Brown

(b) Address Patterson Mo

19. (a) Nov 22 1942 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature Paul J. Ward (M. D. or other) DO
Address Bethany Mo Date signed Nov 21 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

G. S. Gromer

Licensed Embalmer No.....

2857

P. O. Address.....

Pattonburg 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.