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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

Registration District No. 469-176

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 6830

Registrar's No. 43-14

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 414 days
In this community 414 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALFORD HARSON WILSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 429-20-7074

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Jan. 20 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 26 hr. min.

9. Birthplace. Fayette Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business _____

12. Name. Hanes G. Wilson

13. Birthplace. Coffee County Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name. Fane Bishop

15. Birthplace. Coffee County Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mr. Michael Read Clark

(b) Address. Mo. State San. Mt. Vernon Mo.

17. (a) Removal (b) Date thereof. Jan. 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Media, Mo.

18. (a) Signature of funeral director. Ray E. Speth

(b) Address. New Media, Mo.

19. (a) 1-17-43 (b) Archie Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Risco
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 43 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 27
1941, to Jan. 14 1943

that I last saw him alive on Jan. 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. pulmonary tuberculosis over 4 years

Due to _____

Due to _____

Other conditions. Renal tuberculosis 3 mos.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy. Pulmonary Tuberculosis

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 _____

23. Signature. J. B. Stokes, D. (M. D. or other)

Address. Mt. Vernon, Mo. Date signed 1/15/43

RECEIVED

District Health Officer No. 6,

District File Number 243-261

Date Filed FEB 19 1943

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 Leo Hedgespeth
Licensed Embalmer No. 3803
P. O. Address New Madrid 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.