S. No. 2
M—5-42
5-17-39
I X32873

FILED APR 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10603

Registration District No. 1336 Primary Registration District No. 2001 Registrar's No.

49
2
5

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1501 Rhode Island Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1501 Rhode Island
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Bigelow 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 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 9 (Day) 1874 (Year) 1871

8. AGE: Years 70 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Mt Vernon (City, town, or county) Ind (State or foreign country)

10. Usual occupation

11. Industry or business retired railroad

FATHER
12. Name A. H. Wilson
13. Birthplace no record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Melissa Bigelow
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Wilfred Gush
(b) Address 1501 Rhode Island Joplin

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fredonia, Kns

18. (a) Signature of funeral director Turnbull-Dillon
(b) Address 4th & Wall Jr

19. (a) 3-24-43 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 23
year 1943 hour 9 45 minute 4 M.

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

Immediate cause of death Coronary occlusion

Due to Died suddenly while working in

Due to garden

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

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? (e) Means of injury

23. Signature R. W. Webster Coroner (M. D. or other)
Address Carthage Mo Date Mch 23 43

124
5/43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-3-272

APR 5 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.....David Dillow.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin 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.