

Registration District No. 204Primary Registration District No. 5737

## 1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural Phelps Township  
(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 5 (Specify whetherIn this community 82 years, months or days) (Specify whether3. (a) PRINT FULL NAME Harvey Lewis Wilson3. (b) If veteran, name war 1 3. (c) Social Security No. 14. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife F. Fullson 6. (c) Age of husband or wife if alive 43 years7. Birth date of deceased. April 30 1859  
(Month) (Day) (Year)8. AGE: Years 83 Months 11 Days 29 If less than one day  
.....hr. ....min.9. Birthplace Macon Co Mo (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Sam of Wilson13. Birthplace Wendover (City, town, or county) (State or foreign country)14. Maiden name Elizabeth Maffey15. Birthplace East Knoxville (City, town, or county) (State or foreign country)16. (a) Informant Mrs Leo Porter(b) Address Orion Ill.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-1943 (Month) (Day) (Year)(c) Place: burial or cremation New Harmony18. (a) Signature of funeral director A. S. Christie(b) Address La Plata Mo19. (a) May 1-43 (Date received local registrar) (b) Anna Louch (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) County Mo (b) County Macon  
(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1943 hour 4 minute P.M.21. I hereby certify that I attended the deceased from Apr 25 1943 to Apr 29 1943  
that I last saw him alive on Apr 29 1943  
and that death occurred on the date and hour stated above.

ImmEDIATE CAUSE OF DEATH

Influenza Pneumonia 4 days

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 330

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) (c) Means of injury

23. Signature H. O. Newton (M. D. or other) La Plata Mo  
Address La Plata Mo Date signed 5/1/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 D. S. Christie  
Licensed Embalmer No. 1109  
P. O. Address See Plate 1407

**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.**