

**FILED JUL 12 1943**  
Registration District No. **4161**

Primary Registration District No. **4161**

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

1. PLACE OF DEATH:

(a) County **Daviess**

(b) City or town **Jameson**  
(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 \_\_\_\_\_  
(Specify whether)

In this community **Most of Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess** **31**

(c) City or town **Jameson** **0**  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **James Anderson Wilson**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Susan Wilson**

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased **May 23 1857**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**86 0 3** hr. min.

9. Birthplace **Unknown Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **General Farming**

MOTHER FATHER

12. Name **Robert Wilson**

13. Birthplace **Unknown Pennsylvania**  
(State or foreign country)

14. Maiden name **Lucina Reece**

15. Birthplace **Unknown Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Jenkins**

(b) Address **Jameson, Missouri**

17. (a) **Burial** (b) Date thereof **5-27-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hickory Creek Cemetery**

18. (a) Signature of funeral director **Hope Furn. & Undr. Co.**

(b) Address **6-5-1943 Gallatin, Missouri**

19. (a) **6-5-1943** (b) **A. O. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**  
year **1943** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Jan 15th to May 26th 1943**  
that I last saw him alive on **May 25th 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Inter cerebral hemorrhage**  
**(Hypertension)**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: **12/2**  
(Include pregnancy within 3 months of death)

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)

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 **J. D. Stacham** (M. D. or other) **6/24/43**  
Address **Jameson Mo** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1094

**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.....

L. O. Richerson  
Licensed Embalmer No. 3307

P. O. Address..... Gallatin, 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.