S. No. 2
M—5-42
5-17-39
I X32873

14
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22727

Registration District No. 78 — Primary Registration District No. 4552 — Registrar's No. 30

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mtn Grove (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 years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Mtn. Grove (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 No

3. (a) PRINT FULL NAME Newt E. Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Maxwell Wilson

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased October (Month) 3 (Day), 1874 (Year)

8. AGE: Years 68 | Months 7 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Embrie, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Wilson
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sylvia Pearler
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant John Wilson

(b) Address Mtn. Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

19. (a) June 10-43 (Date received local registrar) (b) H. M. Lower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from March 6, 1943 to May 1, 1943, that I last saw him alive on May 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Left Lung — Duration 6 mos.

Due to

Due to

Other conditions Pulmonary Effusion (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 H. G. Frazier (M. D. or other)

Address Mountain Grove, Mo. Date signed 5/17/43

1330

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-242
Date Filed JUN 29 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 Russell Barber

Licensed Embalmer No. 38105

P. O. Address Mtn Grove, 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.