

No. 2  
1-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34242

State File No. \_\_\_\_\_

Registrar's No. 1149

FILED NOV 9 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4mo 5 days  
(Specify whether In this community 4 months 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town "Rural" Washington  
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 3  
(If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS EUGENE WILDER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb. 12 1932  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	11	3	8	hr. _____ min.

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

10. Usual occupation in school

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Melvin Wilder

13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Ptomey

15. Birthplace Highland Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Melvin Wilder

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 10/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Kansas

18. (a) Signature of funeral director Beale & Bowman

(b) Address 319 South 10th, St. Joseph Mo

19. (a) 10/21/43 (b) Rose Deitz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1943 hour 6 minute 20P M.

21. I hereby certify that I attended the deceased from Mar. 15  
Mar. 15 1943 to Oct. 20 1943  
that I last saw him alive on Oct. 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Phallogonyer coma 7mo  
of r. hip

Due to 558

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

Other conditions metastases to liver 4 mo

Major findings:  
Of operations Tumor of r. hip  
Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. T. Bloomer (M. D. or other)  
Address 1218 N. 3rd St. Date signed 10/21/43

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

1230

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo

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 *Ernest Thayer*

Licensed Embalmer No. *2640*

P. O. Address *St Joseph 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.