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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39413

Registration District No. 371 Primary Registration District No. 6262 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Webster.

(b) City or town Rural. West Dallas

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster. 112

(c) City or town Rural. West. Dallas.

(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Samuel. H. Wilson.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male.

5. Color or race White

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

6. (b) Name of husband or wife Wife Lucy. J. Wilson

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased June (Month) 10 (Day) 1860 (Year)

8. AGE: Years 83 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Henry. Wisson
13. Birthplace Boone. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elvira. Neeley.
15. Birthplace Boone. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Loyd. R. Wilson

(b) Address Lynn. Creek Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive

18. (a) Signature of funeral director Kelley-Ferrell

(b) Address Fordland Mo.

19. (a) Oct 13-43 (Date received local registrar) (b) Susie G Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-4, 1943, to 9-23, 1943 that I last saw him alive on 9-21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Arterio-Sclerosis and Hypertrophied Prostate

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 7a

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 E. G. Beers (M. D. or other)

Address Seymour Mo. Date signed 10-8-43

104.1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 1143-122
Date Filed NOV 10 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 H. H. Kelley

Licensed Embalmer No. 3374

P. O. Address Seymour 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.