

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

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

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

Registrar's No. \_\_\_\_\_

40756

11179

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 10 days  
years, months or days)

3. (a) PRINT FULL NAME

HARRY B. WILSON

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
5. Color or race White

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

6. (b) Name of husband or wife Mabel Wilson

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

7. Birth date of deceased 2 14 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 10 1 hr. min.

9. Birthplace Goodl and Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd Train Master Frisco R.R.

11. Industry or business St. Louis & San Francisco

MOTHER FATHER

12. Name James S. Wilson

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

14. Maiden name Martha Talbert

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

16. (a) Informant Miss Lena V. Wilson

(b) Address 709 Chestnut, Joplin, Mo.

17. (a) Removal (b) Date thereof 12-15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Alexander T. Sons

(b) Address 19075 Delmar Blvd.

19. (a) DEC. 15 1943 (b) J. F. Buddeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 49  
(c) City or town Joplin, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 709 Chestnut Street  
(If rural, give location) N.R.  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1943 hour 6 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August  
191942 to Dec 15, 1943.

that I last saw him alive on Dec. 14, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis & Uremia Duration 3 wks.

Due to Arterio sclerosis, Senile -

Due to Arteriosclerotic Heart Disease -

Other conditions. (Include pregnancy within 3 months of death)  
131

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? \_\_\_\_\_

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

23. Signature Hiram L. Leggett (M. D. or other) MD  
Address 3720 Madison St. Date signed 12/15/43

MAR 2 2 1944

---

---

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

**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.**