

No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8645

State File No. _____

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural T. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Washington
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 18
year 1944 hour 12 minute _____ A.M.

21. I hereby certify that I attended the deceased from 1942, 19 _____ to Feb 18, 1944
that I last saw him _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Essential Hypertension
Cerebral Hemorrhage
R. side
Due to _____
Due to _____
Other conditions: § 3d
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(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 W. Presswell (M. D. or other)
Address Potosi Date 2/29/44

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: June (Month) 7 (Day) 1874 (Year)

8. AGE: Years 58 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace: Washington Co (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Mining

11. Industry or business _____

MOTHER FATHER { 12. Name James Wilson

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

14. Maiden name Elsbeth Titton

15. Birthplace Washington Co (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Bertha Wilson

(b) Address Potosi Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20. 44 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director C. L. Sparks

(b) Address Potosi Mo.
19. (a) 2-29-1944 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

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

RECEIVED

District Health Officer No. 4
District File Number 344-3508
Date Filed 3-8-44

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.....

Licensed Embalmer No. 4787

P. O. Address Flat River m

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.