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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10493

Registration District No. 42 Primary Registration District No. 1003 Registrar's No. 397

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: St. Joseph's Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3207 Scott St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Luther 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 Clara Wilson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August (Month) 20 (Day) 1882 (Year)

8. AGE: Years 61 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Custodian.

11. Industry or business Nelly School.

MOTHER FATHER

12. Name George Wilson

13. Birthplace Baltimore Maryland (City, town, or county) (State or foreign country)

14. Maiden name Rosanna Har

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

16. (a) Informant Mrs. Clara Wilson

(b) Address 3207 Scott St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 21, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Hermann W. Siderfadin

(b) Address 1802 Union St.

19. (a) 3-21-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1944 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Oct, 1943, to Mar 18, 1944, that I last saw him alive on Mar 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hem.	4 days
Chr. myocarditis	5 mo
Due to Generalized Arteriosclerosis	
Due to	
Other conditions Tbc. L. upper lobe (Include pregnancy within 3 months of death)	

Major findings:
Of operations Marked Enlargement of heart

Of autopsy Enlargement of heart. Tbc L. upper lobe lung: Gen. Arteriosclerosis

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 O

23. Signature [illegible] (M. D. or other)
Address St. Joseph, Mo. Date signed 3-20-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

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.