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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 23 1944

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 14

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL - MDREAU TWP
(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 LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MORGAN
(c) City or town VERSAILLES, MO
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN F. WILLSON
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 MAGGIE EARNEST 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased AUG 17 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace MORGAN CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED LABOR

11. Industry or business GENERAL WORK

MOTHER FATHER { 12. Name ASBURY WILLSON
13. Birthplace NO RECORD
14. Maiden name MARY REED
15. Birthplace NO RECORD

16. (a) Informant Edna Tidwell
(b) Address Versailles Mo

17. (a) BURIAL (b) Date thereof 3-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director E. F. Tidwell
(b) Address VERSAILLES MO

19. (a) 3-15-1944 (b) Roy Beckstesser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 11
year 1944 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from April 1940 to Mar 11 1944
that I last saw him alive on Feb 6th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to arteriosclerosis of several years standing
Duration few minutes

Other conditions (Include pregnancy within 3 months of death) 940
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) _____ (Specify type of means of injury) _____
23. Signature W. S. Ginn (M. D. or other) _____
Address Versailles Mo Date 3/15/44

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

MAR 23 1944

APR 7 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.....

working under my personal supervision.

Registered Apprentice No. 4073

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Home No

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.