

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19380
Registrar's No. 68

FILED JUN 5 1944
Registration District No. 5-200

Primary Registration District No. 3076

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada Mo 2
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon
(c) City or town Nevada Mo 108
(d) Street No. Ruel R. # 2
(e) Citizen of foreign country? no

3. (a) PRIME FULL NAME SAMUEL L. WILSON
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 10
year 1944 hour 11 minute 0 M.
21. I hereby certify that I attended the deceased from MAY 7 44
to MAY 10 1944
that I last saw him alive on MAY 10 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife not known (c) Age of husband or wife if alive deceased
7. Birth date of deceased not known

Immediate cause of death Uremia Duration 5 days
Due to Chr Nephritis ?
Due to Chr hypertension ?
CARDIO VASCULAR DISEASE

8. AGE: Years Months Days If less than one day
about 70 - - - hr. min.

9. Birthplace not known
10. Usual occupation Farmer
11. Industry or business General work
12. Name not known
13. Birthplace not known
14. Maiden name not known
15. Birthplace not known

Other conditions None
Major findings: Of operations None Of autopsy None

MOTHER FATHER
16. (a) Informant John May
(b) Address Nevada Mo
17. (a) Rural (b) Date thereof 5/11/44
(c) Place: burial or cremation Deerwood Cemetery
18. (c) Signature of funeral director Walter B. Beck
(b) Address Nevada Mo
19. (a) 5-20-44 (b) Bozel B. Beck

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? _____
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wm. Hallen Address Nevada, Mo Date signed 5-13-44

1831

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-44-668

Date Filed 6-2-44

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed: W. R. Terry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.