No. 2
-1-4-41
5-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30805

State File No.

Registration District No. 84

Primary Registration District No. 5319 4148

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Cooper

(b) ~~City~~ or town Otterville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

(c) City or town Otterville Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? ~~[illegible]~~ No (Yes or No)

If yes, name country [illegible]

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

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years about 87 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Formerly Farmer

11. Industry or business ✓

FATHER
12. Name Not Known
13. Birthplace ✓
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace ✓
(City, town, or county) (State or foreign country)

16. (a) Informant P. S. Martin
(b) Address Otterville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 5 1944
(Month) (Day) (Year)
(c) Place: burial or cremation New Lebanon

18. (a) Signature of funeral director L. F. Parker
(b) Address Otterville Mo

19. (a) Sept-8-1944 (Date received local registrar) (b) Mrs W W Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Sept 4 1944, to Sept 4 1944;
that I last saw him alive on Sept 4 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	3 hrs
Due to Arteriosclerosis	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Robt. L. Fogle (M. D. or other)
Address Otterville Mo Date signed 9/4/44

(Licensed Embalmer's Statement on Reverse Side)

1009

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-10-44

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 L. G. Parker

Licensed Embalmer No. 2547

P. O. Address Bunceton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.