

FILED OCT 9 1944
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 423

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution. 3 weeks (Specify whether
 In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Charles Wilson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Ella Jacobs 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 3 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Retired

MOTHER FATHER {
 12. Name Arthur Wilson
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Ann Dugan (Welford)

(b) Address Sedalia Mo
 17. (a) Burial (b) Date thereof Sept. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery
McLaughlin Bros.

18. (a) Signature of funeral director _____
 (b) Address Sedalia, Missouri

19. (a) 9-25-44 (b) Mrs Annie Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 70
 (c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
 (d) Street No. 1011 E. 3rd
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
 year 1944 hour 4 minute 30 A M.
 21. I hereby certify that I attended the deceased from Aug 10
1944 to Sept 25 1944
 that I last saw him alive on Sept 24 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Bronchitis & Emphysema
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 938
 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? _____ (c) Means of injury _____
 23. Signature W. I. Bishop (M. D. or other)
 Address Sedalia Mo Date signed 9-25-44

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

Wilson
430.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-6-44

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. F. Parker
Licensed Embalmer No. 3840
P. O. Address Delaware

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.