S. No. 2
M—1-4-41
v. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5465

Amos
State File No. 34293
Registrar's No. 795

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Rural N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greene County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ Years 5
(Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED: 39
(a) State: Missouri (b) County: Greene 2
(c) City or town: Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 N. Clay
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: George W. Wilson
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Jan. (Month) 12, (Day) 1871 (Year)
8. AGE: Years ✓ 73 Months 8 Days 20 If less than one day hr. min.
9. Birthplace: Granby (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: David Wilson 9
13. Birthplace: Miller County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Sarah Layton
15. Birthplace: Unk. (City, town, or county) Tennessee (State or foreign country) 1
16. (a) Informant: Paul Lowery
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Preston, Mo.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 10-4-44 (Date received local registrar) (b) O. N. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1944 hour 9:00 minute a. M.
21. I hereby certify that I attended the deceased from Sept 15 1944 to Oct 2 1944 that I last saw him alive on Sept. 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis, General Senility	unk.
Due to 97	
Due to	
Other conditions (Include pregnancy within 3 months of death): Senile mental deterioration	unk.

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: James R Amos (M. D. or other) 49
Address: Springfield Mo. Date signed 10-4-44

(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. Walter E Hamelin

Licensed Embalmer No. 3898

P. O. Address Springfield 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.

X