S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Musick 37824

State File No. 37824

Primary Registration District No. 2000

Registrar's No. 935

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 224 N. Grant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 1½ Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 224 N. Grant
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Barney LeRoy 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.

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: May (Month) 16 (Day) 1943 (Year)

8. AGE: Years 1 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

FATHER
12. Name: William Floyd Wilson
13. Birthplace: Casper (City, town, or county) Wyoming (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Fleetwood
15. Birthplace: Ava (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: William F. Wilson
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation: EASTLAWN

18. (a) Signature of funeral director: H.H. Lonmeyer
(b) Address: Springfield, Mo.

19. (a) 11-27-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1944 hour 1 minute 37 a.m.

21. I hereby certify that I attended the deceased from 11, 24, 1944, to 11, 27, 1944; that I last saw him alive on 11, 26, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diphtheria	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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: J. Musick M.D. (M. D. or other)
Address: Springfield, Missouri Date signed: 11-27-44

(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.

This body not embalmed

Signed.....

Licensed Embalmer No.....

W. H. Lehmeier Funeral Home

P. O. Address.....

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.