S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

2318

FILED FEB 7 1946

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 16

14
1
2

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

**1. PLACE OF DEATH:**

(a) County Callaway

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

(c) Name of hospital or institution State Hospital No 12 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 m 23 d (Specify whether

In this community 1 yr 2 m 23 d years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Montgomery 14

(c) City or town High Hill (If outside city or town limits, write "RURAL") 18

(d) Street No. 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dk (Month) (Day) (Year)

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

9. Birthplace Warren Co. (City, town, or county) Mo 11 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Dk
13. Birthplace Dk (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Dk
15. Birthplace Dk (City, town, or county) 4 (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Highhill Mo

18. (a) Signature of funeral director Marlow & Kidwell

(b) Address Montgomery City Mo

19. (a) 1-15-1946 (Date received local registrar) (b) Josie Morsinkoff (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 11 year 1946 hour 5-45 minute P M.

21. I hereby certify that I attended the deceased from 1-6-46, 19, to 1-11-46, 19 that I last saw him alive on 1-11-46, 19 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis | |
| Due to Pneumonia | |
| 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 George W Reeves (M. D. or other) M.D.

Address Fulton Mo Date signed 1-15-46

(Licensed Embalmer's Statement on Reverse Side)

109 West 7th

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

This Body was not Embalmed
Jamarlow

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.....

Licensed Embalmer No.....

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.**