S. No. 2
M—8-43
. 5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4492

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain County Hospital 0
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrainh 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(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 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 10 (Day) 1864 (Year)

8. AGE: Years 81 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Audrain County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name Rubin Wilson
13. Birthplace ..... (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Relda Kilgore
15. Birthplace don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Oscar Wilson
(b) Address Clifton Hill, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/10/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Thomas Hill, Missouri

18. (a) Signature of funeral director Tom B. Carlton
(b) Address Huntsville Mo

19. (a) Jan 10-1946 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946, to Jan 9, 1946; that I last saw him alive on Jan 8, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic degenerative myocarditis with cardiac failure	?
Due to: Generalized arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations none

Of autopsy none

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) na

(b) Date of occurrence —

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? na injury (Specify type of place)

While at work? — (e) Means of injury .....

23. Signature Harry F. O'Brien (M. D. or ~~other~~)

Address Niagara Na Date signed 1-10-46

9

(Licensed Embalmer's Statement on Reverse Side)

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

3521

RECEIVED
District Health Officer No. 10
District File Number 3-46-393
Date Filed MAR 7 1946

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.