

FILED MAY 10 1946

Registration District No. 157

Primary Registration District No. 5387

Registrar's No. 69

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Preston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Mile South Of Jasper Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mile South of Jasper Mo. 0
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stanley Selley Wilson

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male ♂ 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Wilson 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 15th. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 29 hr. min.

9. Birthplace Jasper Co. Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

MOTHER FATHER { 12. Name William T. Wilson
13. Birthplace Unknown New York (State or foreign country)
14. Maiden name Ida May Seeley
15. Birthplace Rochester New York (State or foreign country)

16. (a) Informant Jessie Wilson
(b) Address Carthage Mo. # 2

17. (a) Burial (b) Date thereof 4-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskin Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper Mo.

19. (a) 4-16-46 (b) P. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th.
year 1946 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____
And not attend _____ 19_____
that I last saw him _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull - Torn
and the cerebral surface
Duration _____
Due to _____

Due to Car hit by train
no. Pac. - 3 miles south
Other conditions of Jasper Mo.
(Include pregnancy within 3 months)

Major findings: _____
Of operations _____
Of autopsy Nov 8 '35 John J. Quinn
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) Accident 49

(b) Date of occurrence 4/14/46

(c) Where did injury occur 3 mi. S. Jasper - Jasper Mo.
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place) _____
While at work? no (e) Means of injury Car hit
By train

23. Signature P. B. Clinton (M. D. or other) MD
Address 2114 Joseph Date signed 4/14/46

46-4-335

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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 Howard E Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper 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.