

No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15979
Registrar's No. 163

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bellinger
(c) City or town Greenbrier
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME NORMAN-DOYLE WILSON

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
1946 year ~~1945~~ hour 2 minute 7 M.

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

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Child

Immediate cause of death Drowning

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 25, 1942
(Month) (Day) (Year)

Duration _____

8. AGE: Years Months Days If less than one day
2 | 7 | 24 hr. min.

Due to _____
Due to _____

9. Birthplace Stoddard Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Child

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Norman Chester Wilson
13. Birthplace Hornersville, MD.
14. Maiden name Russell Fudge
15. Birthplace Russell Arkansas

PHYSICIAN
Underline the cause to which death should be charged statistically.
13.7
18.19

16. (a) Informant Norman C. Wilson
(b) Address Greenbrier Mo.
17. (a) Burial (b) Date thereof April 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 9
(b) Date of occurrence April 19, 1946
(c) Where did injury occur? Greenbrier Bellinger Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near Home - 25 yards

(c) Place: burial or cremation Greenbrier Mo.
18. (a) Signature of funeral director George S. Meyer
(b) Address Advance Mo.
19. (a) 5-13-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Dr. J. F. Liginand
Address Jackson Mo. Date signed 4/19/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

16
1
4

024
646-2179
6-6-46

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.....

Floyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Floyd S. Morgan*.....
Licensed Embalmer No. *3361*.....
P. O. Address *Advance 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.