DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 19 1946

26580

State File No.

Registration District No. 69 Primary Registration District No. 5270 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

(d) Street No. Clever Route #1
(If rural, give location)

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

If yes, name country

22
0
0
0

3. (a) PRINT FULL NAME John Washington Wilson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex m 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 4, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	2	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Jackson Wilson
13. Birthplace (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Emily Stewart
15. Birthplace (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Marvin Wilson 1

(b) Address Hurley, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Union Ridge cem

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) Aug 11, 1946 (Date received local registrar) (b) Mrs. Allene Dreier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1946 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from apr 10, 1946 to Aug 6, 1946 that I last saw him alive on Aug 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardial insufficiency Due renal Hypertension	1 wk
Due to Hypertension	1 yr
Due to nephritis	2 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0

23. Signature R. R. Farthing (M. D. ~~or other~~)

Address Ozark Mo Date signed 8-8-46

66

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-853
Date Filed AUG 13 1948

AUG 22 1948

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 J. W. Mogles

Licensed Embalmer No. 298 S

P. O. Address Clever Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
5M—3-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 69 Primary Registration District No. 5270 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John W. Wilson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 4 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 16 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to Chronic nephritis	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

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