

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1946
STANDARD CERTIFICATE OF DEATH

State File No. **26933**
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **5480**

1. PLACE OF DEATH:
(a) County **Grundy**
(b) City or town **Rural Trenton 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 **71-5-7** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Grundy** 40
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Trenton Township** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Pearl Roy Wilson**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **4** year **1946** hour **7** minute **05** P.M.
21. I hereby certify that I attended the deceased from **Jan 1** to **Aug 4** 19**46** that I last saw him alive on **Aug 31** 19**46** 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 **Widowed**
6. (b) Name of husband or wife **Jocahon's Wilson** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 27 1895** (Month) (Day) (Year)

Immediate cause of death **Carcinoma of Prostate** Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years **71** Months **5** Days **7** If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Grundy County MO** (City, town or county) (State or foreign country)
10. Usual occupation **Farmer**

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?

11. Industry or business
12. Name **Thomas Wilson**

While at work? _____ (Specify type of place) _____ Means of injury _____
23. Signature **E. A. Duffly** (M. D. or other) _____
Address **Trenton Mo** Date signed **Aug 5 1946**

13. Birthplace **unknown** (State or foreign country) **4**
14. Maiden name **Elizabeth Sires**

15. Birthplace **unknown** (City, town, or county) (State or foreign country) **11**
16. (a) Informant **Fern Spencer** 1
(b) Address **Trenton MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug-6-1946** (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Co. Merc Co. MO**

18. (a) Signature of funeral director **Schooner funeral Home**
(b) Address **Spickard 776**

19. (a) **8/6/46** (Date received local registrar) (b) **Ferne Jaur** (Registrar's signature)

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address..... *Spickard 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.