No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30735

FILED OCT 2 1946

Registration District No. 1

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 402 Connor Ave., 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SIMS A. WILSON

3. (b) If veteran, name war WORLD WAR 1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased October 24, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	2	hr. min.

9. Birthplace Ft. Worth Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Service Salesman

11. Industry or business R & S Motor Sales Co.,

FATHER
12. Name James Wilson
13. Birthplace unknown Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mamie Sims
15. Birthplace unknown Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Wilson

(b) Address 404 Connor, Joplin, Mo.

17. (a) Burial (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 9-30-46 (b) Ed D Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1946 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Did Not Attend, 19 ;
that I last saw'h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to Shot self - 32 Cal

Due to Pistol - Right Temporal + Bone -

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 164C

Coroner's Investigation

Duration

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) Suicide

(b) Date of occurrence 9/25-46

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

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

While at work? No (e) Means of injury 32 Cal Pistol 2

23. Signature D. Sh. Wolfelt (Name or other) DO

Address 314 Joplin Date signed 9/28/46

13 0

(Licensed Embalmer's Statement on Reverse Side)

46-9-852

OCT 11 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.