S. No. 2
M—8-13
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 21

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32685

Primary Registration District No. 5100

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates.

(b) City or town Rural, West Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Not in hospital. Plane Accident.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply. (Specify whether years, months or days)

In this community Life in Louisburg Kans. Com.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami 999

(c) City or town Louisburg. 14
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country Does not apply.

3. (a) PRINT FULL NAME DAVID FRANK WILSON.

3. (b) If veteran, name war World War #2.

3. (c) Social Security No. 493-12-7729

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Bettie Weaver Wilson.

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased January, 4th, 1921. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
25	9	9	hr. min.

9. Birthplace Louisburg, Kansas. (City, town, or county) (State or foreign country)

10. Usual occupation Truck Line Operator.

11. Industry or business General Trucking.

FATHER
12. Name Frank Wilson.
13. Birthplace Miami County, Kansas. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Broker,
15. Birthplace Cass County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bettie Weaver Wilson,
(b) Address Louisburg, Kansas.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 10/13/46. (Month) (Day) (Year)
(c) Place: burial or cremation Louisburg, Kansas.

18. (a) Signature of funeral director Ward B. Runyah,
(b) Address Louisburg, Kansas.

19. (a) 10/14/46 (Date received local registrar) (b) L. A. Mengold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1946 hour 3 minute 15 P. 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.

Immediate cause of death	Duration
Fatal burns	
Due to	
Due to Airplane Crash.	
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) accident 7
(b) Date of occurrence Oct 13-1946
(c) Where did injury occur? Drake RFD Bates Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Fenton farm 1½ E. E Drake (Specify type of place)
While at work? (e) Means of injury

23. Signature John G. Underwood (M. D. or other) Coroner 3
Address Butler Mo Date signed 10-14-46

18 (Licensed Embalmer's Statement on Reverse Side)

NOV 12 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 Ward B Runyan

Licensed Embalmer No. 3222

P. O. Address Jonesburg Missouri

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.