

S. No. 2
M-5-43
v. 5-17-39

34241

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 42

Registration District No. 236

Primary Registration District No. 5819

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

1. PLACE OF DEATH:
 (a) County Morgan
 (b) City or town Gravois Mills, 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
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Morgan
 (c) City or town Gravois Mills, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 6 Mi. So. Gravois Mills
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ellery Wilson
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 27
 year 1946 hour 1 P.M. 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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 1898
(Month) (Day) (Year)

Immediate cause of death Justifiable Homicide by Corn Knife
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
48 9 4 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 168
 Of autopsy _____
 Duration _____

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

10. Usual occupation Farm Labor

11. Industry or business Farmer

MOTHER FATHER
 12. Name John A. Wilson
 13. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza A. Wood
 15. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant John A. Wilson
 (b) Address Gravois Mills, Mo.

17. (a) Burial (b) Date thereof Oct. 29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Silvey Cemetery

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

18. (a) Signature of funeral director A. T. Gurnell
 (b) Address Versailles, Missouri
 19. (a) 10-28-46 (b) J. J. Wash
(Date received local registrar) (Registrar's signature)

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? 3
 While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature Buch L. Medicus Morgan County
(M. D. or other)
 Address Versailles Mo. Date signed 10/28/46

RECEIVED
District Health Officer No. 7,
District File Number 10-46-2016
Date Filed 11-4-76

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 *A. F. Radwell*
Licensed Embalmer No. 1596
P. O. Address *Resulla 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.