. S. No. 2
0M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5823

State File No. 378165

Registrar's No. 173

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural R-1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joe Edd Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 2

5. Color or race Colored

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 29 (Day) 1944 (Year)

8. AGE: Years 2 Months 4 Days 21 If less than one day hr. min.

9. Birthplace New madrid - Rural (City, town, or county) MO (State or foreign country)

10. Usual occupation Child

11. Industry or business ✓

FATHER
12. Name John thomas Wilson
13. Birthplace Jackson (City, town, or county) tenn (State or foreign country)

MOTHER
14. Maiden name Pat Lillian Patterson
15. Birthplace McKinsey (City, town, or county) tenn (State or foreign country)

16. (a) Informant Lillia Patterson
(b) Address New madrid R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sand Hill

18. (a) Signature of funeral director Richards Und Co.
(b) Address New madrid Mo

19. (a) 12-2-46 (Date received local registrar) (b) Helen Lout Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1946 hour 11 minute 30 AM.

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 Burned to death in home

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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 Lud Holgsmith Coroner (M. D. or other)
Address New Madrid Mo, Date signed 11/22/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1246-1407
Date Filed 12-5-46

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 Not Embalmed Registered Apprentice No. ....., working under my personal supervision.

Signed T. J. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid, 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.