S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39784

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Breckenridge
(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 years, months or days)
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Caldwell
(c) City or town Breckenridge
(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 JAMES HARVEY WILSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Ella Ellsworth Wilson
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Dec. (Month) 18, (Day) 1862 (Year)

8. AGE: Years 83 Months 11 Days 9 If less than one day ✓ hr. ✓ min.

9. Birthplace Port Springs, (City, town, or county) W. Va. (State or foreign country)
10. Usual occupation Janitor
11. Industry or business ✓
FATHER
12. Name Mattaon Wilson
13. Birthplace W. Va. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Erwin
15. Birthplace W. Va. (City, town, or county) (State or foreign country)
16. (a) Informant Claude Herrington
(b) Address Breckenridge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill, Breckenridge, Mo.
18. (a) Signature of funeral director Geo. C. Michael
(b) Address Braymer, Mo.
19. (a) 12-3-46 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 27 day ✓ year 1946 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Aug 1 1945 to Nov 27 1946 that I last saw him alive on Nov 27 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 430	
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) No
(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 E. A. Thompson (M. D. or other) O
Address Breckenridge Mo. Date signed Nov 30 1946

373 (Licensed Embalmer's Statement on Reverse Side)

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.