

FILED JAN 14 1947

Registration District No. **134**

Primary Registration District No. **4207**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Wasson**
 (b) City or town **Blytheville, Marion**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
city 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **18 yrs.** years, months or days

3. (a) PRINT FULL NAME **John Milton Wilson**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **1**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Bonnie E. Wilson** 6. (c) Age of husband or wife if alive **83** years
 7. Birth date of deceased: **Aug - 16 - 1864**
 (Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Cincinnati Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Blacksmith**

11. Industry or business **Retired**

12. Name **Henry Wilson**

13. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name **Marinda Powell**

15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Alma Wilson**

(b) Address **Blytheville**

17. (a) **Burial** (b) Date thereof **12-26-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seymour Cemetery**

18. (a) Signature of funeral director **W. B. Coffey**

(b) Address **Ridgely Mo**

19. (a) **12-28-46** (b) **S. P. Shaw**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Marion**
 (c) City or town **Blytheville Mo**
 (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 **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**
 year **1946** hour **3** minute **05** AM.

21. I hereby certify that I attended the deceased from **Jan 1941** to **Dec 25, 1946**
 that I last saw him alive on **Dec 24, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Parison of atherosclerosis**

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations **466**

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **B. H. Shaw** (If other than _____)

Address **Elginville Mo** Date signed **12-25-46**

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

14-39
37823

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 Robert R. Rogers
Licensed Embalmer No. 3576
P. O. Address Ridgeway, 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.