

FILED DEC 30 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41487

State File No. _____

Registration District No. 248

Primary Registration District No. 5844

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho, Rte #4
(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 79 years
years, months or days

3. (a) PRINT FULL NAME Martin K 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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 2 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Neosho Rte 1 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Scott Wilson

13. Birthplace Jacksonville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Koonts

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

16. (a) Informant J. P. Davis

(b) Address Neosho Rte #4

17. (a) Burial (b) Date thereof Nov. 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director W. B. Siddleman

(b) Address Seneca Mo.

19. (a) Dec. 20 - '46 (b) Nettie Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho, Rte #4
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles N.E. of Seneca
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1946 to Dec 4, 1946
that I last saw him live on Dec 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 93D

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) Manner of injury _____

23. Signature J. B. Siddleman (M. D. or other) _____

Address Seneca Mo Date signed 12-7-46

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

225

RECEIVED

District Health Officer No. *Newton*
District File Number *1246-181*
Date Filed *DEC 28 1948*

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 *W. G. Bidleman*

Licensed Embalmer No. *2174*

P. O. Address *Seneca, N.Y.*

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.