

FILED JAN 21 1947

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South East Mo. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
In this community five years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (b) County Cape Gir. 16  
(c) City or town Burfordsville  
(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 Alexander Wilson  
FULL NAME

3. (b) If veteran, Y name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Billie Overbeck  
6. (c) Age of husband or wife if alive 1867 years  
7. Birth date of deceased October 17 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 25  
If less than one day hr. min.

9. Birthplace Oak Ridge MO. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

12. Name Charles Wilson  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Adelaine Beal  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alex Wilson  
(b) Address Burfordsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Russell Heights Cem.

18. (a) Signature of funeral director Wilson, Staller, Seabough  
(b) Address Jackson Mo.

19. (a) 1-16-1947 (Date received local registrar) (b) G.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1947 hour 1 minute 45 a. M.

21. I hereby certify that I attended the deceased from Oct 1946, to Jan 12 1947  
that I last saw him alive on Jan 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lymphatic Leukemia  
Due to ?

Due to ?  
Other conditions Prostatitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 137 B

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 0

23. Signature J.E. Ruff (M. D. or other) MD  
Address Jackson Mo. Date signed 1-13-47

Duration

1 yr?

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Death Officer No. 4  
Subject File Number 147-113  
Date Filed 1-20-47

MAR 10 1959

FEB 4 1959

**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 Glenn Wilson  
Licensed Embalmer No. 2828  
P. O. Address Jackson 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.**