

FILED JAN 29 1947

Primary Registration District No. **3016**

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson etc
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 117 W - Filmore
(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 24 years

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Cole

(c) City or town Jefferson etc
(If outside city or town limits, write "RURAL")

(d) Street No. 117 W - Filmore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Edward Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1947 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1946 to Jan 17 1947 that I last saw him alive on Jan 17 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Augusta Breeding 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 27 1870
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 1 year

8. AGE: Years 76 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Osage County Mo
(City, town or county) (State or foreign country)

10. Usual occupation Retired fireman

11. Industry or business Power & Light Co

12. Name Thomas Wilson

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

14. Maiden name Elizabeth Eggey

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

16. (a) Informant Ms. Ed. Wilson

(b) Address 117 W - Filmore

17. (a) Burial (b) Date thereof 1-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director J. R. P. Davis

(b) Address 700 Jefferson St

19. (a) 1-18-47 (b) J. R. P. Davis, M.D.
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury

23. Signature James A. ... (M. D. or other) _____

Address 1626 Jefferson St Date signed Jan 18 47

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

406

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1947

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.....
J. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address.....
Jens

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.