

FILED FEB 13 1947

Registration District No. 2-2

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(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 18 years
years, months or days)

3. (a) PRINT FULL NAME

Roy Fred Wilson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-28-513

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

7. Birth date of deceased Dec. 9 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 1 4 hr. min.

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

10. Usual occupation worked at sawmill

11. Industry or business _____

MOTHER FATHER

12. Name Eugene Wilson

13. Birthplace Mc Donald Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Viola Hance

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

16. (a) Informant Eugene Wilson

(b) Address Neosho Rts. # 4

17. (a) Burial (b) Date thereof 2-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swar's Prairie Cemetery

18. (a) Signature of funeral director W. E. Biddlecome

(b) Address Seneca Mo.

19. (a) 2-3-1947 (b) Mrs Nettie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Neosho R. # 4 (6 mi SE 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 Feb. day 1
year 1947 hour 10 minute 52 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on Feb. 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Fracture of Chest Arms, and leg. Internal
Due to Injuries

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

Major findings: Of operations _____ 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) Accident 73
(b) Date of occurrence February 1, 1947
(c) Where did injury occur? Seneca Newton Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Grade Crossing Accident, Auto Crossing
While at work? No (Specify type of place) Auto struck by train
(e) Means of injury _____

23. Signature Corey Thompson (M. D. or other) 3
Address Neosho Mo. Date signed 2/3/47

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

APR 9 1947

RECEIVED

District Health Officer No. Newton

District File Number 242-28

Date Filed 2-11-47

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 E Beddcome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.