

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7491
Registrar's No. 476

Registration District No. 877

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
2235 Huntington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 mo (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Overland
(If outside city or town limits, write "RURAL") 13

(d) Street No. 2235 Huntington
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME James Wilder

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 23 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 6 10 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ike Wilder

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

14. Maiden name Betty Leonard

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

16. (a) Informant W. C. Mofield

(b) Address North Grove, Mo.

17. (a) Removal (b) Date thereof 3-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coring, Ark.

18. (a) Signature of funeral director: Rowland Mortuary Ser.

(b) Address 4355 Washington Av.

19. (a) 3-5-47 (b) Rowland Mortuary Ser.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1947 hour _____ minute 5:30 P.M.

21. I hereby certify that I attended the deceased from Jan. 10-47 to Mar. 3 1947 and that death occurred on the date and hour stated above.

that I last saw him alive on Mar. 3 1947

Immediate cause of death: Organic Heart Disease

Due to _____

Due to _____

Other conditions: 95
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration _____

D. K.

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 A. J. J. J. J. J. (M.D. or other) _____

Address 321 Midland Date signed 3-3-47

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

MOTHER FATHER

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address *4355 Washington*

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.