No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8120

Registration District No. 46 Primary Registration District No. 4064 Registrar's No.

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Kidder
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Three years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Kidder. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robt Smith Wilson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced 2 widower
6. (b) Name of husband or wife Olive Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 8 (Day) 1853 (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	4	19	hr. min.

9. Birthplace Ginley Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business
FATHER
12. Name Johnes Wilson
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Garfield Wilson
(b) Address Kidder
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation McDaniel Cemetery
18. (a) Signature of funeral director Roland Funeral Home
(b) Address Cameron
19. (a) 3-28-47 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 27
year 1947 hour minute 3:20 A M.
21. I hereby certify that I attended the deceased from ✓
✓, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0 4 A	
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?
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature Cromer Clark Coroner (M.D. or other)
Address Kingston, Mo. Date signed 3/27-47

37.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....LD Nelson.....

Licensed Embalmer No.....4481.....

P. O. Address.....Cameron.....

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.