

FILED JUN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16425

State File No. _____

Registration District No. 15

Primary Registration District No. 5067

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural - Central Township
(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 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Iantha
(If outside city or town limits, write "RURAL")
(d) Street No. RPD #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT GUY WILLIS WILSON
FULL NAME

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malinda May Wilcoxon
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 26 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Willis Robert Wilson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Alice Findley
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Wilson
(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof May 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Place: burial or cremation Bakers Grove Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) MAY 24 1947 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1947 hour 10 minute 00 A. M.

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

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to _____

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) _____
(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 P. C. Ducell (M. D. or other) _____
Address Lamar, Mo. Date signed _____

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

RECEIVED.

District Health Officer No. 6

District File Number 647-605-

Date Filed JUN 4 1937

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.....

Harvey E. Arnce

Registered Apprentice No. 412

working under my personal supervision.

Signed

Carl H. Conarty

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.