

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21401

State File No. _____
Registrar's No. _____

FILED JUL 10 1947
Registration District No. 156

Primary Registration District No. 2001

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

Dr. Dresser

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
St. John's
(d) Length of stay: In hospital or institution _____
In this community All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Neosho, R.R. # 2
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Lee R. Wilson
(b) If veteran, name war No
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1947 hour 10:50 minute _____
21. I hereby certify that I attended the deceased from Nov 29 1946
to 5/21/47
that I last saw him alive on May 21 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1889

Immediate cause of death Pulmonary metastasis.
Due to C A of liver & Gall bladder.

8. AGE: Years Months Days If less than one day
58 2 19 hr. _____ min.

Other conditions none
Major findings: Gall-bladder with stone removed, Dec 30 1946.

9. Birthplace Neosho, Mo
10. Usual occupation Farmer

Physician _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name George Wilson
13. Birthplace Neosho, Mo.
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs Ben Goettel
(b) Address Carthage, Mo
17. (a) Burial (b) Date thereof May 23, 1947
(c) Place: burial or cremation Cedar Creek Cem.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 _____
Signature _____ (M. D. or other) _____
Address Joplin Mo. Date signed 5/26/47

18. (a) Signature of funeral director Bigham Mortuary
(b) Address Neosho, Mo.
19. (a) 5-27-47 (b) Delores Sampkins
(Date received local registrar) (Registrar's signature)

4.2.6-522

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 Paula Karnhill
Licensed Embalmer No. 3590
P. O. Address Joplin 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.