

No. 2  
-12-45  
-5-17-39  
K47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Jewson*  
State File No. **28476**  
Registrar's No. **34**

**FILED SEP 15 1947**

Registration District No. **247**

Primary Registration District No. **5839**

**1. PLACE OF DEATH:**

(a) County **NEWTON**

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

(c) Name of hospital or institution:  
**GRANBY TWP. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** **FRANKLIN WILSON**

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 **FANNIE WILSON**

6. (c) "Age of husband or wife if alive" **73** years

7. Birth date of deceased **JULY 3 1874**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>75</b>	<b>1</b>	<b>19</b>	hr. _____ min. _____

**9. Birthplace** **NEWTON Co. MISSOURI**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **FARMER**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

12. Name **UNKNOWN WILSON**

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

14. Maiden name **ANGELINE UNKNOWN**

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

**16. (a) Informant** **Fannie Wilson**

(b) Address **Granby mo R-#2 1**

**17. (a) Burial** (Burial, cremation, or removal) (b) Date thereof **8-24-1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **OAKWOOD CEMETERY**

**18. (a) Signature of funeral director** **Corey Thompson**

(b) Address **North mo**

**19. (a) 8-27-1947** (b) **M. L. Young**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **Newton 73**

(c) City or town **GRANBY RURAL**  
(If outside city or town limits, write "RURAL")

(d) Street No. **GRANBY TWP.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **AUG** day **22**  
Year **1947** hour **12:15** minute **AM**

**21. I hereby certify that I attended the deceased from** **May 18 1947**  
to **Aug 22 1947**

that I last saw him alive on **Aug 22 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Hemorrhage from**  
**Paralytic Stenosis - Arteriosclerosis -**  
**Senile dementia - Incontinence**

Due to **Bedridden for 2 years**  
**Senile dementia - Incontinence**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **97**

**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)

(c) Means of injury \_\_\_\_\_

**23. Signature** **R. L. Jewson** (M. D. or other) \_\_\_\_\_

Address **North mo** Date signed **8/26/47**

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

3  
0  
0

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 9-47-174

Date Filed 9-4-47

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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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neola 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.