. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32170

Registration District No. 294 Primary Registration District No. 3856 Registrar's No. 227

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 Wightman (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly (If outside city or town limits, write "RURAL") 6
(d) Street No. 116 Wightman (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GARY KEITH 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 12 (Day) 1946 (Year)
8. AGE: Years 1 Months 1 Days 25 If less than one day hr. min.
9. Birthplace Detroit (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Guy B. Wilson
13. Birthplace Middle Grove (City, town or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Helena Schust
15. Birthplace Victoria (City, town, or county) Michigan (State or foreign country)
16. (a) Informant Guy B. Wilson
(b) Address 116 Wightman Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 9 (Day) 47 (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) Oct 9-47 (Date received local registrar) (b) Jean Williams Lowe (Registrar's signature) 2104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1947 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb, 1947, to Oct 6, 1947 that I last saw him alive on Oct 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcel Kidneys	
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.

52A

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 2
23. Signature J J Hammond (M. D. or other) DO
Address Moberly, Mo Date signed 10-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 10-47-14
Date Filed OCT 13 1947

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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly 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.