No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37061

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 285

1. PLACE OF DEATH:

(a) County Boone County
(b) City or town Columbia, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn County 58
(c) City or town Bucklin (If outside city or town limits, write "RURAL") 0
(d) Street No. R#2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Wilson, Dolph (Wm. Randolph)
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Ollie Wilson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 11, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	11	21	9 hr. min.

9. Birthplace Linn County, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Isaac R. Wilson
13. Birthplace Indiana (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Josephine Babbitt
15. Birthplace Linn County (City, town, or county) (State or foreign country) 0
16. (a) Informant Wilson, Dolph (Wm. Randolph)
(b) Address Bucklin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bucklin Mo
18. (a) Signature of funeral director R. Willett
(b) Address Columbia Mo
19. (a) 11-2-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1947 hour 9 00 ~~minute~~ A M.
21. I hereby certify that I attended the deceased from Oct. 4, 1947 to Nov. 2, 1947 that I last saw him alive on Nov. 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia bilat.	3 d
Due to: Carcinoma prostate c̄ osseous metastases	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy Above 5 B

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 0
23. Signature Chas. E. Lockhart MD (M. D. or other)
Address Ellis Fischel Hosp. Date signed Nov 2, 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Clerk's File Number
NOV 18 1947
Date Filed

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 Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.