No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44072

Registration District No. 366 | Primary Registration District No. 4536 | Registrar's No. 6

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Potosi Mo.
(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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME James F. Wilson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 12 (Day) 1871 (Year)

8. AGE: Years 76 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Shirley (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Harrison Wilson
13. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margret Ann Compton
15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Maude Hill
(b) Address Potosi Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fast Creek Cemetery
18. (a) Signature of funeral director Mrs. Luther Spain
(b) Address Potosi Mo.
19. (a) 1-10-48 (Date received local registrar) (b) Helen Kendall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from Dec 24, 1947 to Dec 24, 1947 that I last saw him alive on Dec 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): High Blood Pressure	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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

23. Signature E. F. Russell (M. D., or other)
Address Potosi Mo. Date signed 1/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 148-74

Date Filed 1-14-48

MAR 2 1948

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address .....

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.