

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7835

State File No. _____

FILED MAR 31 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community about 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone ¹⁰

(c) City or town Columbia ²
(If outside city or town limits, write "RURAL") ⁴

(d) Street No. _____ (If rural, give location) ³

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Henry Wilmot

(b) If veteran, name war -

(c) Social Security No. 494-22-0443

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 20, year 1948 hour 45 minute AM

21. I hereby certify that I attended the deceased from Mar 20, 1948, to Mar 20, 1948 and that death occurred on the date and hour stated above.

that I last saw him alive on Mar 20, 1948

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DORA Belle Wilmot

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 27, 1888
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 15 min.

8. AGE: Years Months Days If less than one day

59 3 23 hr. _____ min.

9. Birthplace Rushville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Horseman

11. Industry or business -

MOTHER FATHER

12. Name William H. Wilmot

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

14. Maiden name McGraw

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

16. (a) Informant Mrs. Chas. Stowers

(b) Address Centrاليا Missouri

17. (a) Burial (b) Date thereof 3-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centrاليا Missouri

18. (a) Signature of funeral director Paul G. Ballew

(b) Address Centrاليا Missouri

19. (a) 3-24-48 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature) 21

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy _____

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 0

23. Signature James M. Baker (M. D. or other) MD

Address Columbia, Mo. Date signed Mar 24, 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr. James M. Baker MD (Licensed Embalmer's Statement on Reverse Side)

DATE FILED
MAR 30 1948

District Health Officer No. 9,
District File Number

RECEIVED
MAY 10 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 Paul J. Ballou

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.