

FILED AUG 17 1948

Registration District No. **10**

Primary Registration District No. **3002**

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

**1. PLACE OF DEATH:**  
 (a) County Andrain  
 (b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
120 S. Jefferson.  
(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) Life

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Andrain  
 (c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 120 S. Jefferson.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Walter W. Wilson  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug day 5 year 1948 hour 9 minute 30 P.-M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Blanche Neely  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from August 1 to August 5, 1948  
 that I last saw him alive on August 3, 1948  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased July 31, 1868  
(Month) (Day) (Year)  
 8. AGE: Years 80 Months 0 Days 5  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cardiac failure  
 Due to Chronic hypertensive  
embolism  
 Duration 3 hrs  
 Due to \_\_\_\_\_

9. Birthplace Andrain Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer  
 11. Industry or business Retired Farmer  
 12. Name DK  
 13. Birthplace DK  
(City, town, or county) (State or foreign country)  
 14. Maiden name DK  
 15. Birthplace DK  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Tom Wilson  
 (b) Address Mexico, Missouri.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Aug 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sun Rise Cem, Andrain Mo  
 18. (a) Signature of funeral director Wm Arnold J  
 (b) Address Mexico, Missouri.  
 19. (a) 8/8/48 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

23. Signature W Kallenbach (M. D. or other) \_\_\_\_\_  
 Address Mexico Mo Date signed 8-6-48  
(Specify type of place) Means of injury \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 8-48-144

Date Filed AUG 16 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.....

Charles J. Reed

Registered Apprentice No. 210

working under my personal supervision.

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.**