

No. 300  
1-10-47  
5-17-39  
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FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32117**  
Registrar's No. **1153**

FILED NOV 8 1948  
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mercy Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)  
In this community **1 week**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **Rushville (rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. # 1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **OSCAR K. WILSON**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month **October** day **27**,  
year **1948** hour **11** minute **:00** A.M.

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Tressie**  
6. (c) Age of husband or wife if alive **15** years  
7. Birth date of deceased **September 11, 1871**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-14-48**, 19**48**, to **10-27-48**, 19**48**  
that I last saw him alive on **10-27-48**, 19**48**  
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **1** Days **16**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Chronic myocarditis**  
Duration \_\_\_\_\_

9. Birthplace **Halls, Missouri**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation **Farmer**

Other conditions **Seizure**  
(Include pregnancy within 3 months of death)

11. Industry or business **Farm**

MOTHER, FATHER {  
12. Name **Isaac Wilson**  
13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Homer Wilson (son)**  
(b) Address **Atshison, Kansas**

17. (a) **Burial** (b) Date thereof **10/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sugar Creek Cemetery**

18. (a) Signature of funeral director **John C. [Signature]**  
(b) Address **6054 Pryor Ave., City**

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? \_\_\_\_\_

19. (a) **11-1-48** (b) **E. G. Jenkins**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Dr. [Signature]** (Physician's name) **DO**  
Address **823 [Address]** Date signed **10-28-48**

St. Joseph, Mo.

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**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.....

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.**