

No. 2
1/47
17-39

National Office of Vital Statistics

FILED NOV 8 1948

1000

Registration District No.

Primary Registration District No.

Registrar's No. **1174**

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph

(c) Name of hospital or institution: State Hospital # 2

(d) Length of stay: In hospital or institution: 34 rooms 29 days

In this community: 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan

(c) City or town: St. Joseph Mo

(d) Street No.: 2718 Kenick

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Veach Wilson

3. (b) If veteran: No (c) Social Security No. name war: Not given

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1948 hour 2 minute 30 A.M.

4. Sex: Male 5. Color: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr. Veach Wilson 6. (c) Age of husband or wife: Not given

7. Birth date of deceased: Sept 13 1881

21. I hereby certify that I attended the deceased from 10-30 1948 to 10-30 1948

that I last saw him alive on 10-30 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>67</u>	<u>1</u>	<u>17</u>hr.min.

Immediate cause of death: Hypostatic pneumonia

Due to: Brain hemorrhage left side

Due to:

Other conditions:

9. Birthplace: Princeton Mo

10. Usual occupation: Rubber Merchant

11. Industry or business: St. Joseph Mo

12. Name: William Veach Wilson

13. Birthplace: Rushville Ind

14. Maiden name: Not given

15. Birthplace: St. Joseph Mo

Physician: W. J. Jones

Underline the cause of which death should be charged statistically.

16. (a) Informant: Mrs. Veach Wilson

(b) Address: 2718 Kenick St. Joseph Mo

17. (a) Burial, cremation, or removal: burial (b) Date thereof: Nov. 1, 1948

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Halter Meierhoff

(b) Address: 1946 Colhoun St. St. Joseph, Mo.

19. (a) 11-5-48 (b) W. B. Jenkins

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: W. J. Jones (M. D.) Date signed: 10/30 1948

St. Joseph, Mo

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

MOTHER FATHER

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..... *Albert Harrington*

Licensed Embalmer No..... *3258 Mo*

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.