

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29447

Do not use this space.

1. PLACE OF DEATH

(a) County Willis *Marion*
 (b) Township Boone
 (c) City Meta
 (e) Length of residence in city or town where death occurred

Registration District No. 543
 Primary Registration District No. 5743

Registered No. 4

(d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geo. M. Wilson

(a) Residence, No. _____ St. 425
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1858
 7. AGE YEARS MONTHS DAYS
79 6 23
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

13. NAME Jim Wilson

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Salina Moss

16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Everett Wilson
 (ADDRESS) Meta, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Red School DATE Aug. 14, 1938

19. FUNERAL DIRECTOR (NAME) Fred H. Gilbert
 (ADDRESS) Dixon, Missouri

20. FILED Aug 23, 1938 Mrs. Rosa Lawson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 20, 19 38 to Aug 12, 19 38

I last saw him alive on Aug 12, 19 38 Death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate

Date of onset
1936

Other contributory causes of importance:

Name of operation X Date of X
 What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 19 X
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify X
 (Signed) R. C. [Signature] M. D.

(Address) Brinktown, Mo.

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, _____

August 13, 1938

or by _____

Registered Apprentice No. 7 _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2341

P. O. Address Dixon, 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, above space should be left blank.