

REC'D AUG 22 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

26632  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Randolph Registration District No. 735  
 (b) Township..... Primary Registration District No. 3034 Registered No. 151  
 or  
 (c) City Moberly (d) Street No. 300 E Carpenter St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

John M. Wilson  
 (a) Residence, No. 300 E. Carpenter St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Frances Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7<sup>th</sup> 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66. 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 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)..... Mo (STATE OR COUNTRY)

FATHER 13. NAME Wm H Wilson

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

MOTHER 15. MAIDEN NAME Rebecca Ramsay

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

17. INFORMANT (ADDRESS) Mrs Leona O. Wilson  
Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Aug 18<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Malvan and Son  
Moberly Mo

20. FILED Aug 18 1939 Paul Williams  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1939 to Aug 16<sup>th</sup>, 1939

I last saw him alive on Aug 14<sup>th</sup> 1939 Death is said to have occurred on the date stated above, at 9<sup>30</sup> P. M.

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

Quinac Postell

Other contributory causes of importance: 51

Name of operation..... Date of.....  
 What test confirmed diagnosis? Quinac Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) W. M. Meese M. D.  
 (Address) Moberly Mo

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 8/14/29

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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.....

*Frank D. D. Kett*

Licensed Embalmer No. 3021

P. O. Address.....

*Mobile, Ala.*

**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.**