DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40394

State File No.

Registration District No. 609 — Primary Registration District No. 5808 — Registrar's No. 142

1. PLACE OF DEATH:

(a) County NEWTON

(b) ~~City or town~~ RURAL, NEOSHO TWP. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (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) In this community 75 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GEORGE W. WILSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSETTA WILSON

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JULY (Month) 6 (Day) 1863 (Year)

8. AGE: Years 76 Months 7 Days 6 If less than one day hr. min.

9. Birthplace BATES COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name MIDLETON WILSON
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN BARNETT
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant's own signature Jess F. Wilson

(b) Address NEOSHO MISSOURI R#1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-2-39 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK, JOPLIN

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Missouri

19. (a) 12-2-39 (Date received local registrar) (b) Onal R. Salem (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1939 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1938, 19, to Nov 28, 1939 that I last saw him alive on Nov 28, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Rectum	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R C Lawson (M. D. ~~or other~~)

Address Neosho MO Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 1939-2577
Date Filed DEC 13 1939

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 Gail R. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.