

FILED FEB 13 1940

Registration District No. 318

Primary Registration District No. 2001

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

I. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1002 West Forest St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME William H. Wilson 425

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 Lee Wilson 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Dec. 18 - 1852
(Month) (Day) (Year)

8. AGE: Years > 87 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

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

16. (a) Informant Floyd Wilson (b) Address Clever Mo.

17. (a) Burial (b) Date thereof Jan 10 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Ridge

18. (a) Signature of funeral director T. W. Maple

(b) Address Clever Mo.

19. (a) 1-10-40 (b) Chas A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 West Forest Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1940 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from April
1939 to Jan 11, 1940;
that I last saw him alive on Jan 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Stomach with obstruction
Due to old Peptic ulcer.

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature R. Red White (M. D. or other) MD
Address Springfield Mo Date signed 1/10/40

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

STATE OF ILLINOIS

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X