

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3253**

Registration District No. **644**

Primary Registration District No. **1128**

Registrar's No. **2**

FILED FEB 13 1940

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Linn, Mo.
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Jimmy Joseph Wilson

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 10th, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name George Wilson

13. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kemple

15. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Wilson

(b) Address Linn, Mo.

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

(c) Place: burial or cremation Linn Public Cemetery

18. (a) Signature of funeral director Lorton Funeral Home

(b) Address Linn, Mo.

19. (a) 1-11-1940 (b) Mrs. Oona Jett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1940 hour 5:00 minute a.m.

21. I hereby certify that I attended the deceased from Jan 10
1940 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 Pneumonia with 7/8 meningitis

Due to _____

Due to Miscarriage

Other conditions 154
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None

(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) Means of injury _____

23. Signature John Kullman
Address _____ Date signed Jan 11-40

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

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.