

STANDARD CERTIFICATE OF DEATH

State File No. 7242

Registration District No. 508

Primary Registration District No. 3676

Registrar's No. 28

FILED MAR 14 1940

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Rural Sampsel Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 mile East of Sampsel, Mo.
(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 Sixty five years

3. (a) PRINT FULL NAME Edward Harvey Wilson 1475

8. (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 Flora Wilson 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased March 18 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 26 hr. min.

9. Birthplace Sampsel Twp. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
 12. Name William B. Wilson
 13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Harriett Elizabeth Cox
 15. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Flora Wilson
 (b) Address R. F. D. Sampsel, Missouri
 17. (a) Burial (b) Date thereof 2-16-'40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director F. B. Norman
 (b) Address Chillicothe, Missouri

19. (a) Feb 17 - '40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
 (c) City or town 1 mile East of Sampsel
(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 February day 14th
 year 1940 hour 1 minute 10 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration _____
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 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? _____

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

23. Signature J. J. Minner (M.D. or other) _____
 Address 204 S. Spring St. Date Feb 16/40

50M-5-17-39
 Rev. 6-17-39
 U.S. GOVERNMENT PRINTING OFFICE

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RECEIVED

District Health Officer No. 111

District File Number 340-307

Date Filed MAR 11 1940

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.