DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8515

Registration District No. FILED MAR 14 1940 Primary Registration District No. [illegible] Registrar's No.

1. PLACE OF DEATH:
(a) County Washington Co. Con
(b) City or town Bismarck R.I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Rural
(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.? Life years.

3. (a) PRINT FULL NAME Robert Lee 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
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 20 (Day) 1868 (Year)

8. AGE: Years 72 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Irondale Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Rubin W. Wilson
13. Birthplace Georgia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Amanda Green
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Minnie Home
(b) Address Bismarck Mo R1
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Cem
18. (a) Signature of funeral director Sparks & Son
(b) Address Elvins Mo
19. (a) Feb 28 40 (Date received local registrar) (b) G F Cressinle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 28 day 25
year 40 hour 12 minute 30 AM.
21. I hereby certify that I attended the deceased from 2-22, 1940 to 2-25, 1940
that I last saw him alive on 2-25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia (Right Lung) Lobular
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Jas W. Huffman (M. D. or other)
Address Bismarck Mo Date signed 2-26

(Licensed Embalmer's Statement on Reverse Side)

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.

V. S. No. 2
50M-5-17-39
Rev. 5-17-39
I X19511

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 Murphy L Sparks, Registered Apprentice No. 241, working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elkins Md

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.

V. S. No. 2B
10M—2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8515

Registration District No. 886 Primary Registration District No. 6178 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Concord
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington

(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Robert Lee Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 20 (Day) 1868 (Year)

8. AGE: Years 72 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Reuben W. Wilson
13. Birthplace (City, town, or county) Ga (State or foreign country)

MOTHER
14. Maiden name Amanda Dreer
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Minnie Home
(b) Address Bismarck Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Cem

18. (a) Signature of funeral director Sparks & Son
(b) Address Elvins Mo

19. (a) 5-17 (Date received local registrar) (b) J. P. Yeargain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1940 hour minute 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.

	Duration
Immediate cause of death Pneumonia Lobular	
Due to Influenza	
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 Jas W. Huffman (M.D. or other)

Address Bismarck Date signed Mo

MAY 1 7 1940