S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1940

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1

State File No. 27794

Registrar's No. 204

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

1
2
2

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Grim-Smith Hospital & Clinic 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ O (b) County Scotland

(c) City or town Memphis
(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 Ruben Grant Wildman 435

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 15 (Day) 1878 (Year)

8. AGE: Years 62 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Scotland County, (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Smith Wildman 1
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Cynthia Miller 1
15. Birthplace (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant Effie Wildman
(b) Address Memphis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cantril, Iowa

18. (a) Signature of funeral director D. W. Payne & Sons
(b) Address Memphis, Missouri

19. (a) Sept. 2, 1940 (Date received local registrar) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 1940 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8/18, 1940, to 9/2, 1940
that I last saw him alive on 9/2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1'st Cerebral Hemorrhage	3/1940
2'nd Cerebral Hemorrhage	8/28/40
Due to Result of Hypertension	
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)
3 While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1
Address Kirksville Mo Date signed 4-3-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1223
Date Filed SEP 10 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.....

....., 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.