

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29263

FILED SEP 25 1940

Registration District No. 6470

Primary Registration District No. 4385

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Orange, Meta Mo
(b) City or town Meta Mo
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1st in Hospital
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME George W. Wilson 400

8. (b) If veteran, name war no 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Lucie Wilson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 17 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER

12. Name Jeane Wilson
13. Birthplace Marion Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Pollyann Shelton
15. Birthplace Marion Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director H.H. Staop
(b) Address Meta Mo

19. (a) Aug 16-1940 (b) Robert Oraler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Meta
(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 August day 15 the year 1940 hour 11 minute 11 P.M.

21. I hereby certify that I attended the deceased from March the 20th, 1940, to August 15th, 1940; that I last saw him alive on August the 12th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Arterio Sclerosis

Due to Senility

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

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?

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

23. Signature Henry C. Werner (M. D. or other) Address Meta Mo Date signed 8-16-40

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

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.....

ONG, Registered Apprentice No.

working under my personal supervision.

Signed *H H Strop*

Licensed Embalmer No. *2924*

P. O. Address *Meta 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.