

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29420

Registration District No. 728

Primary Registration District No. 5961

Registrar's No.

1. PLACE OF DEATH

- (a) County Ralls
(b) City or town Clay Township
(c) Name of hospital or institution Not in hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution Not in hospital
(Specify whether
In this community Four months
years, months or days)

3. (a) PRINT
FULL NAMEGlenn Willard Wilson

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex

Male

5. Color

White

6. (a) Single, widowed, married,

divorced Divorced

6. (b) Name of husband or wife

Susie McMahon

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

August 24, 1900
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

39 9 16

hr. min.

9. Birthplace

Kindred, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name Garney Wilson
13. Birthplace Kindred, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Chausse
15. Birthplace New Canton, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Garney Wilson
(b) Address Hannibal, Missouri
17. (a) Removal (b) Date thereof Aug 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg, Mo.

18. (a) Signature of funeral director Ray P. Schwartz
(b) Address Hannibal, Missouri
19. (a) Aug 15 (b) Marion D. Shirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ralls
(c) City or town Clay Township
(If outside the 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 10
year 1940 hour 10:15 minute 2 M.

21. I hereby certify that I attended the deceased from 8-9-40
to 8-10-40
that I last saw him alive on 8-10-40
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy
myocardial infarction
Due to myocardial infarction
Due to myocardial infarction

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 sta-
tistically

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? (a) Means of injury
23. Signature John E. Clark (M. D. or other)
Address 1017 E. 1st St. Hannibal, Mo. signed 8-12-40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1700

Date Filed SEP 5 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.....

Ray P. Schwartz, Registered Apprentice No.....
working under my personal supervision.

Signed *Ray P. Schwartz*

Licensed Embalmer No. 1768

P. O. Address *Hannibal, 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.