No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34867

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1134

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: MO. METHO. HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs (Specify whether

In this community 3 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt

(c) City or town ~~Or~~ Forrest City (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Baby Not Named Wilson

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Boy

5. Color or race White

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 Oct (Month) 24 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. 30 min.

9. Birthplace Forrest City, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation ✓

11. Industry or business ✓ 0

FATHER
12. Name Charles Frederick Wilson
13. Birthplace Mound City, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esther Ruth Heckman
15. Birthplace Andrew Co, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Wilson

(b) Address Oregon Mo

17. (a) Oregon Mo (Burial, cremation, or removal) (b) Date thereof 10-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Mo

18. (a) Signature of funeral director Pettijohn Funeral Sue

(b) Address Oregon, Mo.

19. (a) Oct 25 - 1940 (Date received local registrar) (b) H. J. Westabush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 24 day year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9:00 P.M. Oct. 24, 1940, to 11:30 P.M. Oct 24 1940 that I last saw him alive on Oct. 24, 1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Prematurity	
Due to	
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? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature Winton T Stacy (M. D. ~~or other~~)

Address Kirkpatrick Bldg St. Joseph Mo Date signed 10/25/40

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Ralph C. Moore

Licensed Embalmer No. 1743

P. O. Address Oregon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.