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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2300

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Linn, Mo. R D. (Lane)
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Robert 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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October 31st, 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Osage County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Goverment Employee

11. Industry or business River Work.

FATHER
12. Name Frank Wilson
13. Birthplace Osage County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Ann Potts
15. Birthplace Osage County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Wilson
(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lane Cemetary

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Box 144, Linn, Mo.

19. (a) 1-7-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd, year 1941 hour minute 4 A.M.

21. I hereby certify that I attended the deceased from Dec. 24, 1940, to Jan. 3, 1941, that I last saw him alive on Jan 3-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Lobar Pneumonia

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

108

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 A Ossman M.D. (M. D. or other)
Address Jefferson City, Mo. Date signed 1.3.41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4425

P. O. Address Linn

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.