

No. 2
-17-39
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11302

State File No.

Registration District No. 522

Primary Registration District No. 5318

Registrar's No.

1. PLACE OF DEATH: Macon
 (a) County La Plata
 (b) City or town La Plata
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 (Specify whether
 In this community 40 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61
 (a) State MO (b) County macon
 (c) City or town Rural 0
 (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 Lewis Fredrick Wilson
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 14
 year 1941 hour 7 PM minute — M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 3 Divorced
 (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
 alive ✓ years

21. I hereby certify that I attended the deceased from 7:00 to 18
1941 to March 14, 1941
 that I last saw him alive on March 14, 1941
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan 13 1880
 (Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 1 If less than one day
 hr. min.

Immediate cause of death: acute dilatation of left
chronic endocarditis
 Due to pernicious anemia
 Due to —
 Other conditions: —
 (Include pregnancy within 3 months of death)

9. Birthplace Macon Co. MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business
 12. Name Frank Wilson
 13. Birthplace Dartmouth 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Hood
 15. Birthplace Dartmouth 9
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations —
 Of autopsy —
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dorothy Miller
 (b) Address La Plata, Missouri
 17. (a) Burial (b) Date there Mar 16 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation La Plata
 18. (a) Signature of funeral director D. S. Christie
 (b) Address La Plata MO
 19. (a) (Date received local registrar) (b) (Registrar's signature)

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?
415 (Specify type of place) 0
 While at work? (a) Means of injury —
 23. Signature Dorothy Miller (M. D. or other) MO
 Address La Plata MO Date signed 3/17/41

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-742

Date Filed APR 10 1941

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, fact should be so stated above.

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11302

Registration District No. 537

Primary Registration District No. 5318

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mason
(b) City or town La Plata
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mason
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Fredrick Wilson

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 W

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

7. Birth date of deceased Jan 13 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Frank Wilson
13. Birthplace La Plata Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marie Ann Wilson
15. Birthplace La Plata Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Miller
(b) Address La Plata Mo 16/41

17. (a) _____ (b) Date thereof 2/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Plata Mo

18. (a) Signature of funeral director D. S. Heister
(b) Address La Plata Mo

19. (a) Marble (b) Louise J. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1941 hour 7:30 minute PM

21. I hereby certify that I attended the deceased from Mar 18
1940 to Mar 14 1941
that I last saw him alive on March 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Aorta
Due to _____
Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature Ralph W. Gilbert (M. D. or other) _____
Address La Plata Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1941
S-11302

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, fact should be so stated above.