V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14510

Registration District No. 312 Primary Registration District No. 5431a Registrar's No.

1. PLACE OF DEATH:
(a) County Gentry
(b) ~~City or town~~ "Rural" Jackson
(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 years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry 38
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Three fourths mile north King City, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN JAMES 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 widowed
6. (b) Name of husband or wife Sarah Jane Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 19, 1852 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	5	6	hr. min.

9. Birthplace Lynchburg (City, town, or county) Va. 1 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Peter Wilson
13. Birthplace Bedford County (City, town, or county) Va 1 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Franklin
15. Birthplace (City, town, or county) Va. 1 (State or foreign country)
16. (a) Informant W. M. Wilson
(b) Address King City, Mo
17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof April 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Mo.
18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.
19. (a) 4-26-41 (Date received local registrar) (b) Donald D. Gantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25
year 1941 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Apr 24, 1941 to Apr 25, 1941;
that I last saw him alive on Apr 25, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Age	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C M Reynolds (M. D. ~~or other~~) D
Address Union Star Mo Date signed 4-26-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1945

NOV 14 1947

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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, fact should be so stated above.