

MAY 20 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15586**

Registration District No. **712**

Primary Registration District No. **5941**

Registrar's No. **17**

1. PLACE OF DEATH

(a) County **Pulaski**  
(b) City or town **Liberty, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Rural Route 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pulaski**  
(c) City or town **Liberty, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Route 1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**ISAC WILSON**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **March 21 1861**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **8**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Farmer**

11. Industry or business **John Wilson**

12. Name **John Wilson**

13. Birthplace **Richland Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Robbie Solbie**

15. Birthplace **Richland Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Hill**

(b) Address **Richland Mo**

17. (a) **Burial** (b) Date thereof **4. 30. 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Home**

18. (a) Signature of funeral director **Richland Mo 640**

(b) Address \_\_\_\_\_

19. **April 30 - 1941** (b) **Orville A. Oliver**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **25**  
year **1941** hour **12** minute **0** a.m.

21. I hereby certify that I attended the deceased from **April 22 1941** to **April 29 1941**  
that I last saw him alive on **April 22 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**  
Duration **15 days**  
Due to **unknown**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **no**

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) (c) Means of injury \_\_\_\_\_  
While at work \_\_\_\_\_  
23. Signature **Orville A. Oliver** (M. D. number) **1**  
Address **Richland, Mo** Date signed **4. 30. 1941**

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

RECEIVED

District Health Officer No. 5,

District File Number. 541630

Date Filed \_\_\_\_\_

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**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.**