

No. 2  
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5-17-39  
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FILED MAY 23 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16197

Registration District No. 1057

Primary Registration District No. 6214

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County North  
(b) City or town Rural Green  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North  
(c) City or town Rural Green  
(If outside city or town limits, write "RURAL")  
(d) Street No. Parnell, Mo. (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME WILLIAM ASBURY WILSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl Mae Wilson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 11 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name John Wilson

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

14. Maiden name Armanda Williams

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Mae Wilson

(b) Address Parnell, Mo.

17. (a) Burial (b) Date thereof 7/16/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Arch C. Dugler

(b) Address Grant City, Mo.

19. (a) April 16 1941 (b) Mrs. O. H. Bond  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1941 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 13 1941 to April 13 1941 that I last saw him in situ on April 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure  
He was dead when I arrived at his home

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 5 months of death) 200

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? 826

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

23. Signature Egbert Crowder (M. D. or other) \_\_\_\_\_  
Address Parnell Date signed April 17 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

13  
10

**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..... *Josh C. Dunfell*

Licensed Embalmer No. *3252*

P. O. Address *Grant 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.**