N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17596
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton — Registration District No. 204
(b) Township — Primary Registration District No. 3613 — Registered No. 21
(c) City Cameron — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dudley Wilson.
(a) Residence, No. 700 West 2nd. St St. ☐ 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 2
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Serena Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1858

7. AGE — YEARS: 83 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clay Lorner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairport Mo 0

FATHER
13. NAME Washington Wilson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Mariah Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

17. INFORMANT (ADDRESS) Ethel Topp St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Packard Cem DATE 5-28- 1941

19. FUNERAL DIRECTOR (ADDRESS) Poland Funeral Home Cameron 185

20. FILED May 28th 1941 D. E. H. Risley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1941. 19

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1941, to May 24, 1941
I last saw him alive on May 24, 1941. Death is said to have occurred on the date stated above, at 9.20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Senility	

Other contributory causes of importance: 93 D

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. D. Kimes 0, M. D.
(Address) Cameron, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Jimmy Scott Hutchison

Licensed Embalmer No. 4092

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)