No. 2
1-4-41
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X28390

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

FILED JUL 11 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Death 3:30 P.M.

State File No. 22081

Registration District No. 49C

Primary Registration District No. [redacted] 3020

Registrar's No. 52

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLarney Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)

In this community: All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston 59

(c) City or town: Rural Wheeling Mo O
(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: Pearl Albert Wilson

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

3. (c) Social Security No. None

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: x Wife Vera Graves

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

7. Birth date of deceased: June (Month) 2 (Day) 1886 (Year)

8. AGE: Years 55 | Months 0 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Grundy Co. (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation: Stock buyer

11. Industry or business .....

MOTHER FATHER

12. Name: J. Wm. Wilson

13. Birthplace: Grundy Co. (City, town, or county) Missouri O (State or foreign country)

14. Maiden name: Rosetta Colclosure

15. Birthplace: Grundy Co. (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant: x Eva Vanlandingham

(b) Address: Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 14 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Wheeling Cemetery

18. (a) Signature of funeral director: McGhanne

(b) Address: Laclede, Missouri

19. (a) 6-13-41 (Date received local registrar) (b) Jno H Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 11 year: 1941 hour: 3 minute: 30 P. M.

21. I hereby certify that I attended the deceased from June 8-41, 19..., to June 11 — 1941; that I last saw him alive on June 11 — 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: anemia of brain	
Due to: Pernicious anemia	
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: S. N. Hanson (M. D. or other) DO.

Address: Meadville Mo Date signed: 6-12-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 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 Me

W.G.Thorne,Laclede,Mo., Registered Apprentice No. 2876

working under my personal supervision.

Signed W.G.Thorne

W.G.Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede,Missouri

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

If this body is not embalmed, fact should be so stated above.