

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **22411**Registration District No. **668**Primary Registration District No. **8-03-25880** Registrar's No. **197**

1. PLACE OF DEATH:

- (a) County Pettis
- (b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township) Rural
- (c) Name of hospital or institution:
Route 3, Sedalia, Missouri
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
- In this community 41 years
years, months or days)

3. (a) PRINT FULL NAME Robert W. Wilson

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Nettie L. Wilson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 28, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Flemingsburg / Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer (retired)

11. Industry or business.

12. Name Joseph Wilson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Porter
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie L. Wilson
- (b) Address Route 3, Sedalia, Mo.

17. (a) Burial (b) Date thereof June 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wesley Ewing
- (b) Address Sedalia, Missouri
19. (a) 6-13-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis 80
- (c) City or town Sedalia (rural) 0
(If outside city or town limits, write "RURAL")
- (d) Street No. Route 3 0
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
- If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hr. 2:45 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan. 10 1941 to June 13 1941.
- that I last saw him alive on June 11 1941
and that death occurred on the date and hour stated above.
- Immediate cause of death chronic myocarditis

Due to arteriosclerosisDue to supine position with pneumoniaOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations noneOf autopsy not made

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) no
- (b) Date of occurrence none
- (c) Where did injury occur? none
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
no (Specify type of place) (e) Means of injury none

23. Signature Chas. A. McNeil (M. D. number) 0
- Address Sedalia, Mo. Date signed June 12, 1941

RECEIVED
District Health Officer No. 8,
District File Number
7-7-41
Date Filed

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.

Duane Ewing

Licensed Embalmer No.

3847

P. O. Address.

Salina

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

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