

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

22486

State File No.

725

Primary Registration District No. 59600

Registrar's No.

1. PLACE OF DEATH:
(a) County Rails
(b) City or town Van Buren, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days
8. (a) PRINT FULL NAME EVERETT WILSON
8. (b) If veteran, _____ name war _____
8. (c) Social Security No. _____
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2 1891
(Month) (Day) (Year)
8. AGE: Years 50 Months 1 Days 11 If less than one day _____ hr. _____ min.
9. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Iron and steel
11. Industry or business birth
12. Name John Wilson
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Weld
15. Birthplace Mo
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Charles Wilson
(b) Address Van Buren, Mo
17. (a) Buried (b) Date thereof June 15
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buried Cemetery
18. (a) Signature of funeral director Charles Wilson
(b) Address Van Buren, Mo
19. (a) June 15 (b) Charles Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Rails
(c) City or town Van Buren, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 725
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
year 1941 hour 12 minute 30 a.m.
21. I hereby certify that I _____ the deceased on _____
June 13, 1941, to _____
that I last saw his Body _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart of Hemorrhage
Due to _____
Due to _____
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?
8501 (Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature W. E. Rydman (M.D. or other) _____
Address New London Mo Date signed 4/13/41

RECEIVED

District Health Officer No. 10

District File Number 7-41-1328

Date Filed JUL 16 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Herbert H. Huen

Licensed Embalmer No.

3956

P. O. Address

Omaha, Neb

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, above space should be left blank.