No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 25 1941 STANDARD CERTIFICATE OF DEATH

State File No. 27931

Registration District No. 117 Primary Registration District No. 5-26-768 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Rural Jasper Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home near Versailles Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Star route none (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town rural Versailles Star Route (If outside city or town limits, write "RURAL")
(d) Street No. rural Star Route (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME HENRY M. WILSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Merriott
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct. (Month) 3rd (Day) 1881 (Year)

8. AGE: Years 59 Months 11 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business Caretaker of a resort
FATHER
12. Name John Wilson
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mary Rains
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs H. M. Wilson
(b) Address Versailles Mo - STHR-R.
17. (a) (Burial, cremation, or removal) (b) Date thereof 9-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cem. 9/19
18. (a) Signature of funeral director [illegible]
(b) Address Versailles Mo
19. (a) 9/23/1941 (Date received local registrar) (b) Lizzie Keller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1941 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Aug 4, 1941, to Aug 17, 1941, that I last saw him alive on Sept 17, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	4 days
Due to unknown	
Due to	
Other conditions Herpes Zoster (Include pregnancy within 3 months of death)	2 weeks

Major findings:
Of operations 3 C
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 A J Gunn (M. D. or other)
Address Versailles Mo Date signed 9/18/41.

1130 (Licensed Embalmer's Statement on Reverse Side)

DEC 24 1941

SEP 25 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 H. T. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles K

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.