No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 31078

Registrar's No. 950

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Minutes (Specify whether
In this community 1 Year 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1616 Sacramento 7
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES WILLIAM WILSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 27th. (Day) 1930 (Year)

8. AGE: Years 10 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Platte County (City, town, or county) Mo. (State or foreign country) 2.6

10. Usual occupation School Boy

11. Industry or business

FATHER
12. Name Charles Wilson
13. Birthplace Platte County (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Lena Bostonburger
15. Birthplace Platte County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Charles Wilson
(b) Address 1616 Sacramento, St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10--2--41 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.

19. (a) Oct 2 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th.
year 1941 hour 6 minute 20 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Sept 30 1941 to 19 ;
that I last saw h[illegible] 19 ;
and that death occurred on the date and hour stated above:

Immediate cause of death Accidental automobile injuries Rupture of the liver. — Duration 1 day

Due to Automobile wheel ran over body numerous

Due to bruises and abrasions about the head and body

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Boy was playing Cow-boy and ran in front of an automobile was knocked
Of autopsy no [down and ran over by the Cars wheels

PHYSICIAN
Underline 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) accident
(b) Date of occurrence Sept 30 - 1941 131
(c) Where did injury occur? St Joseph Buch Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Street in 13th block So 15th st. (Specify type of place)
While at work? no (e) Means of injury automobile

23. Signature H F Mundy (M.D. or other) Coroner
Address 404 So 3d St Date signed 9/30/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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.....

Sept 30, 1941, Registered Apprentice No.....

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo

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.