. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32136

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 102

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GRANT AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 073
(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No. GRANT AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME WILLIAM 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 TENNIE WILSON
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JUNE (Month) 19 (Day) 1862 (Year)

8. AGE: Years 79 Months 3 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation FARMER
11. Industry or business RETIRED
MOTHER FATHER
12. Name Nathan Wilson
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
14. Maiden name HARRIET MARTIN
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Ed Wilson
(b) Address NEOSHO MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address NEOSHO MISSOURI
19. (a) 9-24-41 (Date received local registrar) (b) Amal R. Gale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 23 year 1941 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from June 1, 1941, to Sept. 23, 1941 that I last saw him alive on Sept. 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute endocarditis	
Due to: Hypertension	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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 Amal R. Gale (M.D. or other)
Address NEOSHO MO Date signed 9-25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1041-1594
Date Filed OCT 13 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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed J A Bigham

Licensed Embalmer No. 2689

P. O. Address Neosho 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.