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FILLED NOV 17 1941

Registration District No. 17 1941 6

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
231 East Porter  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 64 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Shelby 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 Sallie Wilson

6. (c) Age of husband or wife if alive 66

7. Birth date of deceased Sept. 10 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Polaris, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Retired farmer

12. Name John Wilson

13. Birthplace Paris, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Celia Ann Waters

15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Shelby Wilson

(b) Address 231 East Porter

17. (a) Burial (b) Date thereof Oct 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Park

18. (a) Signature of funeral director Campbell-Russ

(b) Address Marshall, Mo.

19. 10-15-41 (b) Shelby Wilson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 231 East Porter  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1941 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from June, 1940 to Oct 14, 1941; that I last saw him alive on Oct 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Relative carcinoma

Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death) H68

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Shelby Wilson (M. D. or other) 0

Address Marshall, Mo. Date signed 10-15-41

Duration 5 yrs

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Date Filed 11-10-41  
District File Number

District Health Officer No. 8

RECEIVED

**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.....

*R. W. Campbell*

Licensed Embalmer No. 3469

P. O. Address *Marshall, Mo.*

**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, fact should be so stated above.**