S. No. 2
I—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 APR 6 1942

Registration District No. 696

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4418

State File No. 11674

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Platte City, Mo. Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Robert H. Wilson

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Nettie Wilson

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

7. Birth date of deceased Oct. 26, 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	4	9	..... hr. ..... min.

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

10. Usual occupation Resturant operator

11. Industry or business .....

FATHER
12. Name Joseph Wilson
13. Birthplace Ky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Emily J. Wagle
15. Birthplace Ky. (City, town, or county) / (State or foreign country)

16. (a) Informant Jay Wilson
(b) Address Platte City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Second Creek Cem.

18. (a) Signature of funeral director Robbins Mitchell (Bus Cert)
(b) Address Platte City, Mo.

19. (a) Mar. 6 1942 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1942 hour 6 minute 05 a.M.

21. I hereby certify that I attended the deceased from Jan. 1 1942, 19__, to March, 5, 1942 that I last saw him alive on March 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitrolstnosis	2 yr
Due to unknown cause	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 b

Major findings:
Of operations Cardiac Astahma
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 Platte City, Mo. (M. D. or other) M.D.
Address B. Reference Date signed 3/5/42

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 42-30

Date Filed 4-4-42

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 E. Benjamin Cart

Licensed Embalmer No. 4059

P. O. Address Platte City, 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.