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 JUN 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18509

Registration District No. 562 Primary Registration District No. 5757 Registrar's No.

66 0 0

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural — Richwoods
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Iberia — Mo. R# 2
(If rural, give location) 0
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JOHN PRESTON WILSON
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rachel (Fowler) Wilson
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased Aug (Month) 30 (Day) 1854 (Year)

8. AGE: Years 87 Months 8 Days 30 If less than one day ___ hr. ___ min.

9. Birthplace Camden County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Spencer Wilson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown Martin
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant James Wilson
(b) Address Iberia — Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Livingston Cem, Iberia
18. (a) Signature of funeral director C. H. Casey
(b) Address Iberia — Mo
19. (a) May 27-1942 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 10 minute P M.
21. I hereby certify that I attended the deceased from May 25, 1942 to May 25, 1942, that I last saw him alive on May 25, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Lobar Pneumonia	4 days
Due to: Chronic Myocarditis	about 5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): arteriosclerosis	

Major findings:
Of operations
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 W. M. A. Gould (M. D. or other) D.O.
Address Iberia Mo Date signed 5/27/42

1017 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 42-47
Date Filed 6/9/42

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 a~~ .....

....., ~~Registered Apprentice No~~ .....,

working under my personal supervision.

Signed C R Carey

Licensed Embalmer No. 2694

P. O. Address Shrea, 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.