

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18784**

FILED JUN 12 1942 711

Registration District No. **773**

Primary Registration District No. **74426**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Dixon**
(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)

3. (a) PRINT
FULL NAME

James Nathan Wilson

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex **Male** 0 5. Color or
race **White** 6. (a) Single, widowed, married,
/ divorced **Married**

6. (b) Name of husband or wife **Margaret Wilson** 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased **June 2, 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 27 hr. min.

9. Birthplace **Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Wesley S. Wilson**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Stacy Benard**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. N. Wilson**
(b) Address **Dixon, Mo.**

17. (a) **Burial** (b) Date thereof **5/31/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah Cemetery**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Mo.**

19. (a) **June 2 1942** (b) **Chas M. D. d**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski** 85
(c) City or town **Dixon** 8
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **29**
year **1942** hour **10** minute **8** P. M.

21. I hereby certify that I attended the deceased from **Mar. 23**
1942 to **MAY 29** **1942**
that I last saw him alive on **MAY 29** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Carcinoma of Stomach**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 **Willard I. Nash** (M. D. or other) **Dr.**
Address **Dixon, Mo.** Date signed **June 1**

X
RECEIVED

Rutaski County Health Officer

File Number 6-42-151

Date Filed 6-15-42

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

May 29, 1942

Registered Apprentice No. _____

working under my personal supervision.

Signed

Fred W. Gilman

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.