

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 10 1942

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural- Linn Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXX (Specify whether  
In this community XX years, months or days)

3. (a) PRINT FULL NAME Walter Wilson

3. (b) If veteran, name war XX 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 Ollie Mae Wilson 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Feb. 24, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 6 15 X hr. X min.

9. Birthplace Monegan Springs, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XX

12. Name William Wilson

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

14. Maiden name Dela Davis

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

16. (a) Informant Ollie Mae Wilson

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 9-11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pondow Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 9-18-42 (b) Mrs Ethel Church  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Rural- Linn Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXX (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9  
year 42 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from .....  
....., 19....., to ..... 19.....

that I last saw him alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion 1 hr.

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

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

23. Signature Wm B. Ruffin (M. D. or other)

Address Stockton Date signed 9-10-42

1298

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1023

Date Filed 10-1-42

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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

*Melvin Churruar*

Licensed Embalmer No.

3272

P. O. Address

*Stockton*

**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.**