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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1942

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5779

State File No. 34320

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eedon "Rural" "Franklin"
(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 Miller 66 0

(c) City or town Eedon "Rural"
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ralph Waldo Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug (Month) 4 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation ____

11. Industry or business Farmer

FATHER
12. Name Thomas Wilson
13. Birthplace ____ (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Emma Russell
15. Birthplace ____ (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant I. J. Wilson
(b) Address Eedon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Eedon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eedon, Missouri

19. (a) 10-15-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from November, 1939, to Oct 14, 1942, that I last saw him alive on Oct 14, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 days.
Due to Bronchial Asthmatic & Emphysematous condition for	40 yrs
Due to Also Cardio renal vascular disease	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131a

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 M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 10/15/42

1114 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 42-89
Date Filed 11/10/42

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 Louis D. Phillips, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 2663

P. O. Address Eldon

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.