V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36585

FILED DEC 7 1942

Registration District No. 1 | Primary Registration District No. 5046 | Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Rural Crane Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crane Mo R 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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Crane Mo R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Allen Jack Wilson
3. (b) If veteran, name war .....
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: Ada Florence Wilson
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: Aug (Month) 17 (Day) 1873 (Year)

8. AGE: Years 69 | Months 3 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Barry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....

FATHER
12. Name: William Wilson
13. Birthplace: ? (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Susan Lasiter
15. Birthplace: ? (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Mrs Pearl Coring
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Osa Mo.
18. (a) Signature of funeral director: J. E. King
(b) Address: Aurora Mo.
19. (a) Dec. 1, 1942 (Date received local registrar) (b) Ord Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 27, year 1942, hour 1, minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 25 to Nov 27, 1942, that I last saw him alive on November 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	5 hours
Due to: Hypertension	
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 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) Means of injury .....

23. Signature: A. P. Coffelt (M. D. or other) MD
Address: Crane Mo Date signed 11-27-42

1076 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1653
Date Filed DEC 4 1942

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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.