

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
MAY JAN - 6 1943

Registration District No. 15

Primary Registration District No. 3015

Registrar's No. 49

25

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

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town CAMERON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Cameron City Jail B  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

(d) Street No. Liberty Township  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Clarence Virgil Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 26 1911  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 13  
year 1942 hour ? minute ? M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on none \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>1</u>	<u>17</u>	hr. _____ min _____

Immediate cause of death Suffocation by hanging

Due to Hanging by neck

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Galva Hanson  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Laborer on Farm

MOTHER FATHER

12. Name Clyde Wilson

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

14. Maiden name Sara Brigg

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

Major findings: 1640

Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Clyde Wilson

(b) Address Illation Mo

17. (a) Burial (b) Date thereof 12-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 12-15-42 Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Dec 13 - 1942

(c) Where did injury occur Cameron Clinton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Cameron City Jail

While at work? No (Specify type of place)

(e) Means of injury Hanging

23. Signature W. B. ...  
Address Plattsmouth Mo Date Dec 13 - 42

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(Licensed Embalmer's Statement on Reverse Side)

**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 *Gerald Wade*

Licensed Embalmer No. *4172*

P. O. Address *Emeron, 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.**