

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 25 1943

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 12

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs - 10 mo.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper co.

(c) City or town pleasant green
(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.? _____ years.

3. (a) PRINT FULL NAME CHARLES ARTHUR WILSON

3. (b) If veteran, name war DK 3. (c) Social Security No. DK

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

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

7. Birth date of deceased June 9 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>7</u>	<u>-</u>	hr. _____ min. _____

9. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Charley Wilson

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

14. Maiden name Malinda Beard

15. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stat Hosp. #1 Bearda
Fulton, Mo

(b) Address _____

17. (a) Removal (b) Date thereof: 1/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director. Geo G. Wallace
7 N. 6th St. Fulton, Mo.

(b) Address _____

19. (a) Jan 10 - 1943 (b) John M. Markhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 27, 1940, to Jan 10, 1943
that I last saw him alive on Jan 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General paralysis of the insane

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30 f

Major findings: Of operations _____
Of autopsy _____

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 John G. Black (M. D. or other) _____
Address Fulton, Mo Date signed 1/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 29 1948

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 _____ *Albert C. White*

Licensed Embalmer No. *4168*

P. O. Address _____ *Fulton, 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.