

S. No. 2
M-9-4-41
W. 5-17-39
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1950

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 20 1943

Registration District No. 10

Primary Registration District No. 4124

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution: 1
(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 Clark 23

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME George Edward Wilson

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

4. Sex Male 5. Color or race W 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 September 21, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

15 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name James Wilson

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

14. Maiden name Georgia Minehardt

15. Birthplace Clark Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Wilson

(b) Address Kahoka Mo

17. (a) Burial (b) Date thereof Sept. 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka cemetery

18. (a) Signature of funeral director Fred J. Clark

(b) Address Kahoka Mo

19. (a) 11-7-42 (b) Perry S. Barton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1942 hour _____ minute 15 P M.

21. I hereby certify that I attended the deceased from September 21st, 1942, Sept. 21, 1942 that I last saw him alive on Sept 21st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature - less than 7 months

Due to _____

Due to _____

Other conditions: 159
(Include pregnancy within 3 months of death)

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) Means of injury _____

23. Signature Guy L Gray (M. D. or other) MD

Address Kahoka, Mo Date signed 11-6-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-43-156 157

Date Filed Jan-18-1943

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 Fred Karle
Licensed Embalmer No. 1245
P. O. Address Kahoka 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.