

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED. APR 15 1943

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

72000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
2 mi S.E. of Parma.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 60 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 1 1/2 mi. S.E. of Parma.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT R. WILSON

3. (b) If veteran, name war No

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 19
year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 9, 1943 to Mar 19, 1943
that I last saw him alive on Mar 18, 1943,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Armetta Wilson

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

7. Birth date of deceased June 15 1866
(Month) (Day) (Year)

Immediate cause of death Coronary Decomposition

Duration

8. AGE: Years 76 Months 10 Days 4
If less than one day hr. min.

9. Birthplace State of Indiana 1
(City, town, or county) (State or foreign country)

Due to

Due to

Other conditions (Include emergency within 3 months of death)

Chronic Nephritis

10. Usual occupation farming

11. Industry or business

12. Name Andrew Jackson Wilson

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings: 1316

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Armetta Wilson

(b) Address Parma, Mo

17. (a) Burial (b) Date thereof Mar. 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Watkins Fun. Service

(b) Address Parma, Mo

19. (a) March 19 (b) Mrs. S. B. Rademacher
(Date received local registry) (Registrar's signature)

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? Parma, Mo (City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury 0

23. Signature Der W. Husted (M. D. or other)

Address Parma, Mo Date signed 3/23/43

RECEIVED

District Health Office No. 2,

District File Number 443-501

Date Filed 4-12-48

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Alexter, Mo

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

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