

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

11180

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 293

Primary Registration District No. 4436

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(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)

3. (a) PRINT
FULL NAME

John 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 Dora Kennedy 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased December 5, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John Madison Wilson

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

14. Maiden name Nancy Richardson

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Paul G. Wilson

(b) Address New London Missouri

17. (a) Burial (b) Date thereof 3/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-2-43 (b) R. B. Berking
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-17- 1943 to 3-20- 1943
that I last saw him alive on 3-19- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration 2 days

Due to

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 sta-
tistically.

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) (c) Means of injury

23. Signature H. J. Waters (M. D. or other)
Address New London Mo. Date signed 3-20-43

RECEIVED

District Health Officer No. 10

District File Number 4-43-700

Date Filed APR 10 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.....

George T. Bond, Registered Apprentice No. 350

working under my personal supervision.

Signed:

Wm M Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.