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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14886

State File No. _____

Registration District No. 270

Primary Registration District No. 5773

Registrar's No. 119

1. PLACE OF DEATH: Mercer County

(a) County Mercer

(b) City or town Rural - Morgan Twp

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED: 65

(a) State Mo. (b) County Mercer

(c) City or town Rural Morgan

(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 _____

3. (a) PRINT FULL NAME Ronald D. Wilcox

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

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 April 16, 1943

(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Mercer, County, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ellis L. Wilcox

13. Birthplace Mercer Co. Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Ferrill Gannon

15. Birthplace Mercer Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Ellis L. Wilcox

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof April 17, 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peaceant Ridge

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton, Mo.

19. (a) 4-20-43 (b) Jessie Alley

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 16th Friday

year 1943 hour 5.50 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from birth

Apr. 16 '43 Lived three hours

that I last saw im alive on Apr. 16 '43, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

6mo. gestation

Duration _____

Due to Unknown

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 statistically.

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 A. S. Brewster (M. D. or other) M.D.

Address Princeton, Mo. Date signed 4/17/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 210

Primary Registration District No. 5773

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Rural Meyer
(b) City or town Rural Morgan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parents Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Infant
(Specify whether years, months or days) Lived one day

3. (a) PRINT FULL NAME Ronald D. Wilcox

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased April 16 1943
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry of business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 April 1943 year hour minute M.

21. I hereby certify that I attended the deceased from 19.....

that I last saw him/her alive on 19.....

and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

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 statistically.

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 (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY 6

5-14846