

FILED MAY 10 1943

Registration District No. 260

Primary Registration District No. 3076

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Vermon Nevada
(b) City or town Nevada
(c) Name of hospital or institution: Nevada hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 18 yrs 5 mo 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JOE STAYLEE WILSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 Oct 4th 1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Nevada mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name Ben F Wilson

13. Birthplace Cedar Co mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Lillian F Brown

15. Birthplace Buchanan Co mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Opal Meador

(b) Address 129 W. Pine Nevada Mo.

17. (a) Burial (b) Date thereof 4-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Verdon Cemetery

18. (a) Signature of funeral director Fern Funeral Home
(b) Address Nevada mo

19. (a) 4-12-43 (b) Dozel B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 8 minute 10.9 M.

21. I hereby certify that I attended the deceased from 5:45 pm
Mar 28 1943 to 8 am Mar 31 1943
that I last saw him alive on Mar 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage
Respiratory failure

Due to Intracranial hem.

Due to Auto accident

Other conditions (Include pregnancy within 3 months of death) 1700-0

Major findings: Subdural hemorrhage
Cerebral hemorrhage
Of autopsy none performed

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Auto accident

(b) Date of occurrence March 28, 1943

(c) Where did injury occur? Nevada Vermon, mo
(City or town) (County) (State)

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

(e) Means of injury Auto

23. Signature W.M. Hallen
Address Thurston Bank Bldg Nevada, Mo. Date signed 4-13-43

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

1331

(Licensed Embalmer's Statement on Reverse)

RECEIVED
District Health Officer No. 7,
District File Number 4-43-194
Date Filed 5-7-43

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 L B Ferry

Licensed Embalmer No. 1760

P. O. Address L B Ferry

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: