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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17589

State File No.

FILED JUN 3 1943

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 98

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN HENRY 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 Widowed
6. (b) Name of husband or wife Isabelle Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 14 (Day) 1850 (Year)

8. AGE: Years 93 Months — Days 16 If less than one day hr. min.

9. Birthplace Monroe (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Veterinary - retired
11. Industry or business
FATHER
12. Name John H. P. Wilson
13. Birthplace 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Roberts
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Nels Wilson
(b) Address Harrisonville
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cemetery
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.
19. (a) June 1, 1943 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from May 21, 1943 to May 30, 1943 that I last saw him alive on May 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	30 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. C. E. Everett (M. D. or other) D.D.
Address Harrisonville Mo Date signed 6-1-43

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rennenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.