S. No. 2
M—5-42
5-17-3
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17983

Registration District No. 139

Primary Registration District No. 5536

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Holt
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm. 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Holt.
(c) City or town: Mound City. (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: Adam Franklin. Wilson.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: White

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

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

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

7. Birth date of deceased: March (Month) 22 (Day) 1867. (Year)

8. AGE: Years 75 Months II Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farmer.

11. Industry or business .....

FATHER
12. Name: James E. Wilson.
13. Birthplace: Virginia/ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Elizabeth Morrow.
15. Birthplace: Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant: Coley Wilson
(b) Address: Mound City. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/18/43. (Month) (Day) (Year)
(c) Place: burial or cremation: Mound City.

18. (a) Signature of funeral director: H. H. Crawford
(b) Address: Mound City. Mo.

19. (a) 5-18-43 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th. year 1943. hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 10 1942 to May 15 1943 that I last saw h. alive on May 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Uraemia Convulsion.

Due to: Epilepsy Petit Mal

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings: Of operations: .....

Of autopsy: .....

Duration

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: Jas C Tracy M.D. (M. D. or other) 5-18-43
Address: Mound City Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side) Dr. Cold Comm

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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City

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.