

No. 2  
5-42  
5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20821

State File No. \_\_\_\_\_

LED JUL 10 1943

Registration District No. 3006

Primary Registration District No. 3006

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11.3 days  
(Specify whether  
In this community 11.3 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Staffenville 56  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martin Elbert Wilson

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced OS  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10 11 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 29 17 hr. 15 min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name William Wilson

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

14. Maiden name Elizabeth S. Thompson

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

16. (a) Informant Roy Wilson  
(b) Address La Belle, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation La Belle, Mo.

18. (a) Signature of funeral director Barrow General Service  
(b) Address Columbia, Mo.

19. (a) 6-11-43 (Date received local registrar) (b) E. Edna T. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 5 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 2-17-43 to 6-10-43  
that I last saw him alive on June 10-43 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative shock Duration 5 hrs  
Due to benign peritonitis  
Due to liposarcoma of leg, etc  
linguinal metastases  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 5.52  
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 R. E. N. Fitzgerald (M. D. or other) M.D.  
Address St. Paul Cancer Hospital Date signed 6/10/43

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

MOTHER FATHER

12 (11)

(Licensed Embalmer's Statement on Reverse Side)

Columbia, Mo

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. *4132*

P. O. Address *Columbia, 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, fact should be so stated above.**