

No. 2
-5-42
5-17-38
FILED JUL 8 1948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21094

State File No.

Registration District No. 65

Primary Registration District No. 413

Registrar's No.

1. PLACE OF DEATH:

(a) County CHARITON

(b) City or town BRUNSWICK
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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:

(a) State Mo (b) County Chariton

(c) City or town Brunswick
(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 ARTHUR LE ROY WILSON

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

3. (c) Social Security No. 4-86-12-7729

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29 year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 4 - 43 to June 26, 1943.

that I last saw him alive on June 29, 1943, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or Race WHITE

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

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

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

7. Birth date of deceased: APRIL 6, 1896
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to.....

Due to.....

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

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

47 2 23 hr. min.

9. Birthplace TINA Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation DAY LABORER

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name WILLIAM WILSON

13. Birthplace CARROLL Co. MO. 0
(City, town, or county) (State or foreign country)

14. Maiden name MARY McCOLLUM

15. Birthplace CARROLL Co. MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DORA WILSON

(b) Address BRUNSWICK MO.

17. (a) BURIAL (b) Date thereof 7-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK MO

18. (a) Signature of funeral director K. Mausel

(b) Address Brunswick, Mo.

19. (a) June 30 (b) A. J. Fetzer
(Date received local file) (Registrar's signature)

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) (g) Means of injury.....

23. Signature J. L. Fetzer (M. D. or other) 20

Address Brunswick, Mo. Date signed June 30

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 7-7-43

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. W. [Signature]

Licensed Embalmer No. 823

P. O. Address Brunswick, N.

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.