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OM-5-42
ev. 5-17-39
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24273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED AUG 7 1943

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 43

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Butler**
(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 **1 week**
(Specify whether
In this community **65 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **James Franklin Wilson**

3. (b) If veteran, name war **X** 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Wilson** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Jan. 25th 1875**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **22** If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name **Wm Wilson**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Wilson**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Wilson**
(b) Address **Foster Mo.**

17. (a) **Burial** (b) Date thereof **7-19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasanton Kansas**

18. (a) Signature of funeral director **Booth Funeral Home**

(b) Address **Butler Missouri**

19. (a) **July 19, 1943** (b) **Pauline Crompton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1943** hour **2** minute **35AM** M.

21. I hereby certify that I attended the deceased from **June 21**
19**43**, to **July 17**, 19**43**
that I last saw him **in** alive on **July 16**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma Bladder

Due to

Carcinoma prostate

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations **5/18**
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?

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

23. Signature **Charles W. Kites** (M. D. or other) **MD**
Address **Butler, Mo.** Date signed **7/17/43**

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

1306

RECEIVED

District Health Officer No. 7,

District File Number 7-43-765

Date Filed 8-6-43

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

John G. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.