

FILED AUG 12 1943

Registration District No. 198

Primary Registration District No. 5719

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bevier Rural
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Bevier Rural
(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 FRED WILD

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

7. Birth date of deceased 3-4-1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Coal Miner

11. Industry or business _____

MOTHER FATHER { 12. Name John Wild

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

14. Maiden name Barbara Powers

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

16. (a) Informant Louise Wild

(b) Address Bevier Mo

17. (a) Burial (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Oakwood

18. (a) Signature of funeral director W.S. Edwards

(b) Address Bevier Mo

19. (a) 7-13-43 (b) Winnie J. Rowley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1943 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from June 5 1943 to July 4 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Esophagus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46a

Major findings: Of operations _____

Of autopsy _____

Duration 6 mo

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 W.S. Edwards (M.D. or other) _____
Address Macon Mo Date signed 7-13-43

1289

RECEIVED

District Health Officer No. 10

District File Number 8-43-1261

Date Filed AUG 11 1943

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 *A. G. Solwender*

Licensed Embalmer No. 1961

P. O. Address *Berwick, 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.