

FILED SEP 13 1943

3130

Registration District No. 21

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rushville (Rural) Rushville
(c) Name of hospital or institution: R.F.D. #1
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rushville, (Rural)
(d) Street No. R.F.D. #1
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Meedy J. Wilson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 18, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 13 hr. min.

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

10. Usual occupation Farmer
Farm

11. Industry or business Josiah Wilson

12. Name Indiana

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

14. Maiden name Elizabeth Parks
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hattie Wilson (wife)

(b) Address R.F.D. # 1, Rushville, Missouri

17. (a) Burial (b) Date thereof 8/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Paul E. Turner
(b) Address 6054 Pryor Ave., City

19. (a) Aug 6 1943 (b) Paul E. Turner
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1943 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7-4, 1943, to 7-4, 1943, that I last saw him alive on 7-4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with decompensation
Due to

Due to
Other conditions (Include pregnancy within 3 months of death) 930

Major findings: 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)
(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) (Specify means of injury)
23. Signature Paul E. Turner (M. D. or other) M.D.
Address 218 N. 7th St. Joseph Date signed 8-3-43

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

1100

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 E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.