No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31506

State File No.

FILED OCT 15 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 1122 E. Dunklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 026

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 1122 E Dunklin
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Alexander Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rebecca Wilson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November (Month) 13 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	9	20	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James F. Wilson
13. Birthplace on high seas (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Masia Mantle
15. Birthplace En (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs John A Wilson

(b) Address 1122 E.Dunklin Jefferson City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Voshell Mo

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn Mo.

19. (a) 10-5-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3 year 1943 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 1936 , 19 , to date , 19 ; that I last saw him alive on 10-3 , 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration few minutes

Due to

Due to

Other conditions Arteriosclerosis Chronic
(Include pregnancy within 3 months of death)
arthritis Pleurs + lumbar vert

Major findings:
Of operations

Of autopsy 94a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 626 Jefferson Date signed 10-5-43

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.