

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31529**
Registrar's No. **120**

LED OCT 6 1943

Registration District No. **8 N**

Primary Registration District No. **3017**

27
1
2

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

1. PLACE OF DEATH:

(a) County **Cooper Co**

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

(c) Name of hospital or institution: **Riversway Hos.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether)

In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Walther Wilson**

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

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

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

7. Birth date of deceased **Dec 1 1905**
(Month) (Day) (Year)

8. AGE: Years **34** Months **8** Days **21** If less than one day **0**
hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Phillip C. Wilson**

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

14. Maiden name **Lula Sweet**

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

16. (a) Informant **Mrs. Lula Wilson**

(b) Address **Bunceton**

17. (a) (Burial, cremation, or removal) Date thereof **9-23-43**
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **L.G. PARKER**

(b) Address **Bunceton Mo**

19. (a) Sept-22-43 (Date received local registrar) (b) Dr. Chas. Swap, (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper, 027**

(c) City or town **Bunceton**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **21**
year **1943** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **8-30-43**
19 **8**, to **9-21** 19 **43**
that I last saw him alive on **9-21** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bacterial pneumonia	1 month
Strep. Faecococcus infection	100
pleuritic hemorrhagic	

Other conditions **pleuritic hemorrhagic**
(include pregnancy within 3 months of death)

Major findings: **Milt. pl. parasites of plural & cavity thorax**

Of autopsy **amount of bloody fluid**
None

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 **Alvin Ramsey** (M. D. or other) _____
Address **Bunceton Mo** **Date signed** **Sept 21 1943**

RECEIVED

District Health Officer No. 8,

District File Number

10-1-43

Date Filed

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.....

my self

Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. H. Parker

Licensed Embalmer No.....

95 47

P. O. Address.....

Benjamin 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.