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S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1204

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2018 Francis Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Francis Street
(If rural, give location)

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

3. (a) PRINT FULL NAME William Myers Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased Unknown 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days -
If less than one day hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th.
year 1943 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from Camp 25
1940 to Oct 10 1943
that I last saw h. im alive on Oct 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
hemorrhage
cancer of tongue or throat
starvation

Due to _____
starvation

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration _____
2 1/2 years
1 month

Major findings: Of operations 45 f

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Cabinet Maker

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Wilson

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

14. Maiden name Margaret Myers

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

16. (a) Informant Ann R. Wilson

(b) Address 2813 Duncan St., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/13/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 10-13-43 (Date received local registrar) (b) Wm. Myers (Registrar's signature)

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. Robert L. H. Kernick (D. O. number)
Address 22 Kirkpatrick Bldg. St. Joseph, Mo. 10-21-1943

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

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 *Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.