

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 15 1944

Registration District No. 17

Primary Registration District No. 4016

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Tarkio  
(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 34 yrs (Specify whether years, months or days)  
In this community 34 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Tarkio  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD WILSON

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 mar  
6. (b) Name of husband or wife Alcie G. Wilson 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased September 16, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 16 hr. \_\_\_\_\_ min.

9. Birthplace Lock Port Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business \_\_\_\_\_

12. Name Jno Wilson

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

14. Maiden name Nancy Ann Flowers

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

16. (a) Informant Clemon Wilson  
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 12/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home  
(b) Address Tarkio, Mo.

19. (a) Jan 14 1944 (b) Mrs. H. D. Cunningham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1943 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from Nov. 26 - 43  
1943 to Dec 2 - 1943;  
that I last saw him alive on Nov. 26 - 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary + Renal (Nephritic) 3 yrs

Due to Valvular insufficiency

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 J. H. Davis (M. D. or other) \_\_\_\_\_  
Address Tarkio, Mo. Date signed 12-4-43

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

0233410

1329

---

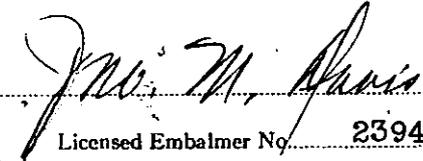
---

**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..... .....

Licensed Embalmer No. 2394.....

P. O. Address Tearkio, 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.**