

FILED JAN 62 1944

Registration District No. 2

Primary Registration District No. 5960

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Platte Co.

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 85 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Dearborn Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. South of Dearborn
(If rural, give location)

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

3. (a) PRINT FULL NAME Lewis Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married. 2 divorced widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 22 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Joseph, Wilson

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

14. Maiden name Emily Wagle

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

16. (a) Informant Mrs. Earl Norman

(b) Address R.F.D. #2 Weston Mo.

17. (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Missouri

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn Missouri

19. (a) 12/14/43 (b) Mrs. Clay Siffle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th.
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from December 9th, 1943 to December 13th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Other conditions (Include pregnancy within 3 months of death) 330

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) _____

(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? _____

23. Signature L. P. Siffle (M. D.)
Address Dearborn Mo. Date signed 12-14-43

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

1409

RECEIVED

District Health Officer No. Platte

District File Number 1-44-1

Date Filed 1-3-44

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 Leviar Davis

Licensed Embalmer No. 4168

P. O. Address Dearborn 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.