

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43520

Registration District No. 334

Primary Registration District No. 3072

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
502 East Mitchell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 Years
years, months or days)

3. (a) PRINT FULL NAME Walter Samuel Wilcox

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 Married
6. (b) Name of husband or wife Frances Scott Wilcox 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased November 17th, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 I 9 _____ hr. _____ min.

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

10. Usual occupation Teacher of Business Math

11. Industry or business Mo. Valley College

12. Name Emerson Wilcox

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

14. Maiden name Harriet Leaviett

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

16. (a) Informant Mr. Trauer & Niles

(b) Address 502 East Mitchell

17. (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bridge Park

18. (a) Signature of funeral director Campbell

(b) Address Marshall, Mo.

19. (a) 12-29-43 (b) Mo. T. O. Weathers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 502 East Mitchell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1943 hour 2 minute 15 P. M.

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

Immediate cause of death Acute coronary thrombosis Duration 1 1/2 hr.

Due to Myocardial infarction 8 mos

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____

Of autopsy _____

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 Marshall (M.D. or other) _____
Address Marshall Date signed 12-27-43

RECEIVED

District Health Officer No. 8,

District File Number -----

to Filed ----- 1-10-44 -----

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, ~~by~~-----

-----, Registered Apprentice No.-----,
working under my personal supervision.

Signed-----

R. W. Campbell

Licensed Embalmer No. *3469*-----

P. O. Address. *Marshall, 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.