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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

Registration District No. 227

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 3639

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 118 East South St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town California /
(If outside city or town limits, write "RURAL")

(d) Street No. 118 East South Street
(If rural, give location)

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

3. (a) PRINT FULL NAME John Willie 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 Widower

6. (b) Name of husband or wife Cordia Francis Sanders Wilson

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

7. Birth date of deceased Nov. (Month) 21 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	17	....hr. ....min.

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

10. Usual occupation License embalmer

11. Industry or business Funeral Director

MOTHER FATHER

12. Name William Gilmore Wilson

13. Birthplace Loudan County, (City, town, or county) Virgina (State or foreign country)

14. Maiden name Julia Ann Sanders

15. Birthplace Monroe County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant A. Everett Wilson

(b) Address 101 So. Oak St. California, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-12-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Mo.

18. (a) Signature of funeral director J. W. Wilson + Son

(b) Address California, Mo.

19. (a) 1-11-44 (Date received local registrar) (b) A. J. Allee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1943, to January 8, 1944; that I last saw him alive on January 8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	4 days
Due to: Lobar - at side.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Kenyon Latham (M. D. or other)

Address California, Mo. Date signed 1-11-44

(Licensed Embalmer's Statement on Reverse Side)

11312

FEB 1 1944

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Bronaville 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.