

FILED MAR 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Oakridge
(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 THOMAS - WILSON

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married. 1 divorced M
6. (b) Name of husband or wife. LOU - WILSON 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased aug 13 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 57 Days 24 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER { 12. Name C. C. Wilson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Beal
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lou Wilson
(b) Address Oakridge Mo.

17. (a) Burial (b) Date thereof 2-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakridge Mo.

18. (a) Signature of funeral director Wilson, Stiller, Seaborn

(b) Address Jackson Mo.

19. (a) 2-10-44 (b) F. W. Phelps
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 44 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Feb 8 1944
(that I last saw him alive on Feb 8 and that death occurred on the date and hour stated above.)

Immediate cause of death Broncho pneumonia Duration 3 wks

Due to

Due to

Other conditions Pneumonia flu
(Include pregnancy within 3 months of death)

Major findings: Of operations 107
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?

(Specify type of place) While at work (a) Means of injury

23. Signature F. W. Phelps (M. D. or other)

Address Cape Girardeau Mo. Date signed 2-9-44

1017

EMBALMED

Health Officer No. 4

File Number 344-3521

Embalmed 3-9-44

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.