

FILED MAR 23 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 60204446 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ray Co

(b) City or town Hardin mo  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 24 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ray

(c) City or town Hardin  
(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 Paul Birch 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 married

6. (b) Name of husband or wife Georgia Mae McElroy 6. (c) Age of husband or wife if alive 39 40 years

7. Birth date of deceased Dec - 21 - 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Stone Keeper

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

12. Name E. L. Wilson

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

14. Maiden name Frances M Birch

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

16. (a) Informant Gladys Doolin

(b) Address Albany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar - 6 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Gayle Court

18. (a) Signature of funeral director John W. Knapp

(b) Address Hardin mo

19. (a) 310 44 (Date received local registrar) (b) Mrs. Chas. W. Shippard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1944 hour 6 minute 10 a. M.

21. I hereby certify that I attended the deceased from March 3 1944, to March 4 1944; that I last saw him alive on March 3 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Apopleptic Stroke

Due to Hypertension 1 yr

Due to Albuminuria 1 yr

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 83a

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) (e) Means of injury \_\_\_\_\_

23. Signature Marion Brins (M. D. or other) \_\_\_\_\_

Address Hardin Date signed mo

Duration 36.5 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

89  
0  
0

1290

APR 12 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 me

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

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.**