S. No. 2
M—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18399

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 244

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 6½ months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1828 Kensington (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis James Wilder

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 25, 1943 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	6	17	hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business

FATHER
12. Name Howard Wilder
13. Birthplace (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Helen Bray
15. Birthplace Webb City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Howard Wilder
(b) Address 1828 Kensington, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lowell, Kansas
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 5-15-44 (Date received local registrar) (b) Gertrude Sridhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from May 11-44, 19, to, 19; that I last saw him alive on May 11-44 10 PM; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 2 wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

107

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 A L Crawford (M. D. or other)
Address Joplin Mo Date signed

1204 (Licensed Embalmer's Statement on Reverse Side) 5-12-44

44-5-403

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. F. M. Jones

Licensed Embalmer No. 2319

P. O. Address. Joplin 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.