

No. 2  
-5-42  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 29 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18496

State File No. ....

Registration District No. 176

Primary Registration District No. 42-90

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Stotts City - Mo. R.P.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Vineyard Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community Native  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Stotts City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 55  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Frank A. 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 widowed  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased 10-17-1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Andrew Wilson  
13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Abston  
15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Wilson  
(b) Address Stotts City Mo.

17. (a) Burial (b) Date thereof 3-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director Morris Linn  
(b) Address Miller Mo.

19. (a) 4-13-44 (b) Anna Linn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19  
year 1944 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug. 15, 1944  
to Mar. 19, 1944  
that I last saw him alive on Mar. 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death softening of the brain  
Due to senile dementia Duration 2 years

Due to

Other conditions (Include pregnancy within 1 month of death)

Major findings: Dr. A. Holmes M.D. PHYSICIAN

Of operations 83C  
Of autopsy

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? (c) Means of injury

23. Signature Dr. A. Holmes (M. D. or other) ---  
Address Stotts City Mo. Date signed 3-2-44

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

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 544-624

Date Filed MAY 24 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 E. R. Leimer

Licensed Embalmer No. 3297

P. O. Address Miller 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.