

Registration District No. 277

Primary Registration District No. 3040

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
316 Edgerton Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 80 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 316 Edgerton Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Albert Wilson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Sarah E. Wilson 6. (c) Age of husband or wife if alive. 77 years  
7. Birth date of deceased. Dec. 28th. 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>16</u>	..... hr. .... min.

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

10. Usual occupation Wabash Railroad

11. Industry or business Railroading

MOTHER FATHER  
12. Name Drury Wilson  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah E. Wilson  
(b) Address Chillicothe, Missouri.

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

(c) Place: burial or cremation. Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) JUNE 17 (b) Lou Elba Corry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th.  
year 1944 hour 4:45 minute P.

21. I hereby certify that I attended the deceased from May 31st, 1944, to June 14th, 1944; that I last saw him alive on June 14th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death  
Malnutrition due to insufficient food  
Due to Labioglossolaryngeal paralysis  
Due to Cerebrospinal apoplexy

Other conditions Cancer on lower lip, decompensating heart  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... 45a

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?.....

While at work? (Specify type of place) Means of injury 2  
23. Signature Joseph E. Prior (M. D. or other) D.O.  
Address Box 147, Chillicothe, Mo Date signed 6-17-44

Duration  
about 9 days  
about 3 mo.  
40 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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.....

.....**Elmer Thomas**....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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.**