

S. No. 2
M-5-43
5-17-39
I X36671

FILED SEP 13 1944
Registration District No. **1944**

Primary Registration District No. **5595**

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

1. PLACE OF DEATH:

(a) County Jefferson (Rock Imp)

(b) City or town House Springs RR#1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
House Springs RR#1 (Murphy)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOSHUA L WILSON

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex M Color or race W

6. (b) Name of husband or wife Susan Wilson

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Lee Wilson

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

14. Maiden name Caroly Price

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

16. (a) Informant Mrs Oliver Murphy

(b) Address House Springs RR#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-44
(Month) (Day) (Year)

(c) Place: burial or cremation Fenton, Mo.

18. (a) Signature of funeral director Louis H. Bupp, Inc

(b) Address Kirkwood, Mo

19. (a) 8/27/44 (Date received local registrar) (b) Est Clement (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jeff

(c) City or town House Springs RR#1
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1944 hour 9 minute 1 M.

21. I hereby certify that I attended the deceased from Jan 1st
1939 to Aug 26 1944
that I last saw him alive on Aug 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration about 10 yrs

Due to Age

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 97

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. S. Walton (M. D. or other) _____
Address Fenton Mo Date signed 8/26/44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-12-44

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 Felix Duane

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.