S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1944

Registration District No. 24

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28412

Primary Registration District No. 3047

Registrar's No. 52 95

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale-Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Neosho.
(If outside city or town limits, write "RURAL.")
(d) Street No.: 100 W. McKinney
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No) O
If yes, name country:

3. (a) PRINT FULL NAME: Byron Sanders 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: Margaret Wilson
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: Sept (Month) 27 (Day) 1900 (Year)
8. AGE: Years 42 Months 10 Days 27 If less than one day hr. min.
9. Birthplace: Southwest City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Druggist
11. Industry or business:
MOTHER FATHER
12. Name: O. L. Wilson
13. Birthplace: David City (City, town, or county) Nebraska (State or foreign country)
14. Maiden name: Ada Sanders
15. Birthplace: Springdale (City, town, or county) Ark (State or foreign country)
16. (a) Informant: Margaret Wilson
(b) Address: Neosho Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-27-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Southwest City, Mo
18. (a) Signature of funeral director: J. E. Bugham
(b) Address: Neosho, Missouri
19. (a) 8-26-1944 (Date received local registrar) (b) Carly Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1944 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 27, 1944 to Aug 24th, 1944 that I last saw him alive on Aug 24th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration 1 week
Due to: unknown
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none

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: Melvin C. Bowman (M. D. or other) M.D.
Address: Neosho, Mo Date signed: 8-25-44

1110 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 12 1944

District Health Officer No.

District File Number 844-187

Date Filed SEP 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2689

P. O. Address Neosho 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.