

FILED OCT 11 1944

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 21

1. PLACE OF DEATH

(a) County Madison

(b) City or town Van Balia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

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

In this community _____ years, months or days 1 hour

3. (a) PRINT FULL NAME Albert T. Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race Black

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 MAY 22 1983
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 61 4 2 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business FARM HAND

12. Name Ed Wilson

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

14. Maiden name Walter Prof

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

16. (a) Informant Melina Rodgers

(b) Address Payneville Mo

17. (a) Burial (b) Date thereof SEPT 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RAMSEY CREEK CEMETERY
Harvey Ramsey

18. (a) Signature of funeral director _____

(b) Address Harbourside Mo

19. (a) Sept 24 1944 (b) Mallie Fugate
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: PAYNEVILLE

(a) State Mo (b) County Madison

(c) City or town PAYNEVILLE
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1944 hour 3 minute 16 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature By Burton Carver (M. D. or other) _____

Address Mexico, Mo Date signed 9/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 17 1944

RECEIVED
District Health Officer - No. 10
District File Number 10-44-1730
Date Filed OCT 17 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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed Harry C. Caswell
H. S. Praters

Licensed Embalmer No. 4298243

P. O. Address Pandalia 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.

Clarksville Mo