

Registration District No. **47**

Primary Registration District No. **3008**

114
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 m 22 d
(Specify whether years, months or days)

In this community 2 m 22 d

3. (a) PRINT FULL NAME William J Wilson

3. (b) If veteran, name war DK

3. (c) Social Security No. 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 Deceased years 22 1862
(Month) (Day) (Year)

7. Birth date of deceased June 22 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>2</u>	<u>13</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {

12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Record

(b) Address

17. (a) Removed (b) Date thereof Sept. 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Speed + Blady

(b) Address Paris, Mo.

19. (a) Sept 5-44 (b) Josee Missouri Buff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 14

(c) City or town Paris
(If outside city or town limits, write "RURAL") 2

(d) Street No.

(e) Citizen of foreign country? No (Yes or No) ()
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1944 hour 4-20 minute P M.

21. I hereby certify that I attended the deceased from 7/25/1944 to 9/5/1944
that I last saw him alone on 9/5/1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis

Due to Chronic Myocarditis

Due to

Other conditions 932
(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? Paris, Mo. (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 932

23. Signature George W. Deans (M. D. or other) MD
Address Fulton Mo Date signed 9/5/44

Duration

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer, No. 9,
District File Number.....
Date Filed 10-5-44

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 *Dixon L. Teskey*
Licensed Embalmer No. 4225
P. O. Address Paris, 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.