

S. No. 2
M-8-43
5-17-39
X37823

30678

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 10 1944

Registration District No. 25

Primary Registration District No. 5185

Registrar's No. 314

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Dutchtown Rural Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home General Delivery
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Dutchtown (Rural) 16
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph F. Wilson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 706-09-9134

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September 24
1944 year. 3:00 hour. 34 minute. P. M.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Odessa Wilson
 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased: May 22, 1909
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 24 1944 to Sept 24 1944
 that I last saw him alive on Sept 24 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
35 4 2 hr. min.

Immediate cause of death Lobar pneumonia
 Duration 2 days

9. Birthplace Cape Girardeau County, Missouri U
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer and Farmer

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

11. Industry or business _____
 12. Name Green Wilson
 13. Birthplace Cape Girardeau County, Mo. 0
 (Mary Holmes) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Bloomfield, Mo. A
 (Mary Wilson) (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 108
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dutchtown, Mo.
 (b) Address Burial
 17. (a) _____ (b) Date thereof Sept. 28, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shady Grove Cemetery

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? _____

18. (a) Signature of funeral director F. J. Sparks
Cape Girardeau, Mo.
 (b) Address _____
 19. (a) 9-28-44 (b) F. W. Phelps
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature W. V. Danault (M. D. or other) Inf.
Allenville Mo Date signed Sept 26-44

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4-
District File Number 1044-4419
Date Filed 10-9-44

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

Frank Sparks

Licensed Embalmer No.

3455

P. O. Address

Cape Girardeau, 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.