

FILED OCT 6 1944

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun, Missouri (Rural)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 25 years
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Calhoun - Rural
(d) Street No. Route #1
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME James S. Wilson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Hattie Miller 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 19, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Luke Wilson
13. Birthplace Virginia
14. Maiden name Martha Orr
15. Birthplace Ohio

16. (a) Informant Mrs. James Wilson
(b) Address Rt. #1, Calhoun, Mo.

17. (a) Burial (b) Date thereof Sept. 3, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery
Huston-Turner

18. (a) Signature of funeral director _____
(b) Address Windsor, Mo.

19. (a) Sept. 21, 1944 (b) Georgia Litcher
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1944 hour 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept. 1943
_____ 19____ to Aug 28 1944

that I last saw him alive on Aug - 28 - 44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Stomach
Cancer

Due to Common
Thrombosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 Wm. J. ... (M. D. or D. O.)
Address Windsor, Mo. Date signed 9/14/44

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

4200

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

with Officer No. 7,

File No. 9-44-1105

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 *William J. Juston*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.