

FILED NOV 4 1944

Registration District No. _____

Primary Registration District No. 5305

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Osage City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osage City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Osage City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Osage City, Mo. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Wilson

3. (b) If veteran, name war no. 3. (c) Social Security No. 496-28-3001

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Best Wilson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 9. 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 7 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Prison Guard

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Wilson
13. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Wilson
15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Best Wilson
(b) Address Osage City, Mo.

17. Removal & Burial (a) (b) Date thereof 7/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patosa, Mo.
(c) Signature of funeral director Victor Bruescher

(b) Address Jefferson City, Mo.

19. (a) Aug 1904 (b) Jacob H. Ratchel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from June 13 1944 to July 6 1944
that I last saw him alive on July 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 1 hr
acute gangrenous appendicitis with perforation

Other conditions Pneumonia lobar 3 days
(include pregnancy within 3 months of death)
(beginning and P O day)
Major findings: gangrenous appendix + perforation + bacterial peritonitis
Of operations _____
Of autopsy 12/1/44

PHYSICIAN
I decline 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Jacob H. Ratchel (M. D. of other) _____
Address 620 Jefferson Date signed 7-6-44

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

600

194

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed.....

11-3-44

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.....

Victor Buescher

Licensed Embalmer No. 3701.....

P. O. Address..... Jefferson City, 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.