V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34511
State File No.

FILED NOV 13 1944

Registration District No. 1 Primary Registration District No. 4246 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carl Junction (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)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carl Junction (If outside city or town limits, write "RURAL") 49
(d) Street No. R# 1 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William A. Wilson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae Wilson
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 22 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Miner
11. Industry or business
MOTHER FATHER
12. Name Dan Wilson
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Brown
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mae Wilson
(b) Address Carl Junction, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem
18. (a) Signature of funeral director Nutt & Lyle Undertakers
(b) Address Nutt & Lyle Joplin Mo
19. (a) Oct 6 1944 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 4 year 1944 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Oct 1, 1944, to Oct. 4, 1944, that I last saw him alive on Oct - 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lung T.B. — Duration
Due to
Due to 1142
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 W. M. Lyle M.D. (M. D. or other)
Address Nutt & Lyle Joplin Mo. Date signed 10-6-44

1180 (Licensed Embalmer's Statement on Reverse Side)

44-11-881

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 myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.