

S. No. 2
 DM-542
 v. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37823

State File No. _____

FILED NOV 24 1944

Primary Registration District No. 2000

Registrar's No. 881

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

1. PLACE OF DEATH:

(a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Welfare Home 914 E Calhoun St
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 8 Mo. 5
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 914 E Calhoun St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Andy Wilson.

3. (b) If veteran, name war unk. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased. UNK. (Month) UNK. (Day) 1868 (Year)

8. AGE: Years 76 Months unk. Days unk. If less than one day hr. _____ min. _____

9. Birthplace. unk. (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name. Unknown Unknown.

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

14. Maiden name. UNK. " "

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

16. (a) Informant Zelma Graham

(b) Address 2246 Booneville Sp Rd Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington St Sp Rd, Mo

19. (a) 11-10-44 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from no physician in attendance 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
 Due to 940

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) _____ 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 Wm C Stone (M. D. or other) _____

Address Springfield, Mo Date signed 11-8-44

DEC 1 1944

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..... *W. P. Campbell*

Licensed Embalmer No..... *1747*

P. O. Address..... *Springfield*

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.

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