

S. No. 2
OM-5-43
v. 5-17-39
I X38671

38544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 8 1944
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 368

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

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS
(Specify whether years, months or days)

In this community ONE YEAR
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON

(c) City or town COLE CAMP
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John H. Wilson

3. (b) If veteran, name war 3. (c) Social Security No. 717-14-1469

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 2-8-1891
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation retired
Burner man

11. Industry or business

12. Name CHARLES WILSON 4

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

14. Maiden name REBECCA DOESCHER

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

MOTHER FATHER

16. (a) Informant CHARLES WILSON

(b) Address SEDALIA, MO

17. (a) Burial (b) Date thereof Nov 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cole Camp Mo

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 11-19-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 16TH
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-13-44 to Nov 16 1944
that I last saw him alive on Sept 16-44 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate and
Colon & sigmoid

Due to.....

Due to.....

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

Major findings: 462

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 J. Mitchell (M. D. or other)
Sedalia MO Date signed 11/17/44

JUL 31 1945

JUL 19 1945

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 12-7-47

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

L. E. Bouldin

Licensed Embalmer No.

3867

P. O. Address

Sealvia 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.