

FILED DEC 26 1944
Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Derefelt Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether 0)
In this community 0 years, months or days

3. (a) PRINT FULL NAME Leonard Wilson

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

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

6. (b) Name of husband or wife Lucile Wilson 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased December 12 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Alton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business

MOTHER FATHER { 12. Name James Wilson
13. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Georgie Roberson
15. Birthplace Henry County Miss. uri
(City, town, or county) (State or foreign country)

16. (a) Informant Widow Lucile Wilson
(b) Address 1402 S. Cronogo

17. (a) burial (b) Date thereof 12/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) 12-8-44 (b) Arthur Shepherd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 S. Cronogo 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1944 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 4, 1944
to 44 Dec. 8 1944
that I last saw him alive on Dec. 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Due to Septicemia
Due to Septicemia
Other conditions Septicemia
(Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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?

23. Signature Arthur Shepherd (M. D. or other) do.
Address 114 Joplin Date signed 12/8/44
While at work (Specify type of place) (c) Means of injury 2

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

44-12-1031

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..... *E. M. Hedge*

Licensed Embalmer No. *27859*

P. O. Address..... *Hedge Bros. Inc.*

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: