

FILED JAN 14 1945
Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 11

1. PLACE OF DEATH

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. CALDWELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 YRS. (Specify whether years, months or days)
In this community 34 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. W. CALDWELL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME WILLIAM JOSEPH 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 MARY ALICE WILSON 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased DEC. 25, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 17 If less than one day hr. min.

9. Birthplace MONROE CO., MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER { 12. Name JOSEPH L. WILSON
13. Birthplace N. K.
14. Maiden name MARGRET JANE BARTON
15. Birthplace Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Cony L. Wilson
(b) Address PARIS, MO

17. (a) BURIAL (b) Date thereof 12-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (c) Signature of funeral director Walden Groves
(b) Address Paris, Missouri.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12
year 1944 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12/11 to 12/12 1944
that I last saw him alive on DEC 12 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Duration 2 1/2 hrs

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 63

Major findings: Of operations

Of autopsy

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) (Means of injury)

23. Signature W. M. [Signature] (M. D. or other)

Address PARIS, MO. Date signed 12-12-44

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

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-113

Date Filed JAN 9 1945

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

Dwight L. Kessler

Licensed Embalmer No. 4225

P. O. Address Paris, Missouri

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.