

FILED JAN 10 1945

Registration District No. 214

Primary Registration District No. 5925

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Sedalia Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sedalia Hosp. Route #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)
In this community _____

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

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

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

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

7. Birth date of deceased Sept 7 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John R Wilson

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

14. Maiden name Dont Know

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

16. (a) Informant Joe A. King

(b) Address Route #3 Sedalia Mo.

17. (a) Burial (b) Date thereof Dec 9 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dresden Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sedalia Route #3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1944, to Dec 7 1944.

that I last saw her alive on Dec 5 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration _____

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 931

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. T. Bishop (M. D. or other) _____

Address Sedalia Mo. Date signed 12-12-44

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

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-5-42

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

A. J. O'Brien

Licensed Embalmer No. 1592

P. O. Address Lk. Mount St.

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.