

FILED JAN 14 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gascon
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution since Dec 17-44
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gascon
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 21412 E. 5th St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claude Jay Wilder

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 J
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 6 - 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Tehonsha, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Don't know

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. S. Finch
(b) Address Battle Creek, Michigan

17. (a) burial (b) Date thereof 1-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garbome Memorial

18. (a) Signature of funeral director Thas Lill Dillon
(b) Address 4th & Wall Sts.

19. (a) 1-4-45 (b) John S. Schuchter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1945 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 15 to Jan 1, 1945
that I last saw him alive on Jan 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 weeks

Due to Chronic Hypertension 60%

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

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following no

(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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 1/2/45

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

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

321-1-10-45

45-1-1

JAN 12 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 Cecilia Stronk Hill

Licensed Embalmer No. 3540

P. O. Address Joplin, 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.