7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 28

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16968

Primary Registration District No. 5466

Registrar's No. 409

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural - Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)
In this community 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County Fannin
(c) City or town Leonard
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILSON, Doyle
3. (b) If veteran, name war UNK.
3. (c) Social Security No. UNK.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Margaret R. Hotton
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased January (Month) 18 (Day) 1903 (Year)

8. ACE: Years 42 Months 4 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Leonard (City, town, or county) Texas (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Retail Store
FATHER
12. Name Frank P. Wilson
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant File
(b) Address MCFP
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Leonard, Texas
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Bonneville Ave., Spfd., Mo.
19. (a) 5-19-45 (Date received local registrar) (b) D. M. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1945 hour 1 minute 20 P.M.
21. I hereby certify that I attended the deceased from October 21, 1944 to May 18, 1945; that I last saw him alive on May 18, 1945; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tuberculosis, pulmonary, far advanced, bilateral with cavitation | 6 years |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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? (Specify type of place)
While at work?: (e) Means of injury
23. Signature E. W. Moreland (M. D.)
Address Medical Center Fed. Prisoners Date signed 5-19-45
Spfd., Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1955

NOV 1 1955

## 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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.**