

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17950

FILED JUN 13 1945

Registration District No. 3/3

Primary Registration District No. 6067

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Excelsior Springs Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Speedwell Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 16 years
years, months or days

3. (a) PRINT FULLNAME Roy W. Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. 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 19 years

7. Birth date of deceased September 19 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 5 21 hr. min.

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

10. Usual occupation Rail Road Fireman

11. Industry or business

12. Name George Wilson

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Dorr

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

16. (a) Informant Earl Wilson

(b) Address Excelsior Springs Mo

17. (a) Burial (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Prosser

(b) Address Excelsior Mo

19. (a) 3-11-1945 (b) J. Bradford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Excelsior Springs - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.I.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1945 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from July, 1944, to 1945;
that I last saw him alive on Feb, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Complete Heart Block

Due to Chronic Bronchial Asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No AK

Duration

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? No Injury
(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 0

23. Signature J. W. Richardson (M. D. or other)

Address Piffin Mo Date signed 3-11-45

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

3
0
0

RECEIVED

Officer No. 7,

Number 0-45-250

Date Filed

6-11-45

MAR 27 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 *Paul Fiestore*

Licensed Embalmer No. *3790*

P. O. Address *Alcala, 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.