

FILED AUG 10 1945

Registration District No. 108

Primary Registration District No. 117-7-4-3019

Registrar's No. 1027

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME I. C. Wilson

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

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

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

7. Birth date of deceased Dec. 19 - 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Henderson County, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henderson Wilson

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Jane Arnold

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. C. Wilson

(b) Address Senath, Missouri

17. (a) burial (b) Date thereof 7-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGrew Cemetery

18. (a) Signature of funeral director McDaniel Funeral Service

(b) Address Senath, Missouri, Inc.

19. (a) 8/4-1945 (b) H. W. Stoney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1945 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 21, 1945 to July 23, 1945
that I last saw him alive on July 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease

Due to _____
Due to _____

Other conditions Hypertension,
(Include pregnancy within 3 months of death)
cardio vascular disease

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? _____

(Specify type of place) _____ (r) Means of injury _____
23. Signature I. C. Wilson (M. D. or other) M.D.
Kennett, Mo. Date signed 7-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 W. J. McDaniel

Licensed Embalmer No. 2093

P. O. Address Seneca 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.

FILED AUG

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME J. C. 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 m

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

7. Birth date of deceased Dec 19 1927
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henderson Wilson

13. Birthplace N.K.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Arnold

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

16. (a) Informant Mr J. C. Wilson

(b) Address Senath, Mo

17. (a) Burial (b) Date thereof 7-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McShen Cemetery

18. (a) Signature of funeral director McDaniel F. Denney

(b) Address Senath, Mo

19. (a) 8-15-45 (b) J. John Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Dunklin
(c) City or town Senath
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1945 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

myocardial Heart Disease

Due to _____

Due to _____

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

Cardio Vascular disease

Major findings: Of operations _____

Of autopsy _____

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. C. Wilson, M.D.

Address Kennett, Mo Date signed _____

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

SLIPPLENENTARY 3

MOTHER, FATHER

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