

FILED

Oct 24 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. 296

Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 5 years
years, months or days)

3. (a) PRINT

FULL NAME John Delbert Wilson

3. (b) If veteran, name war. 3. (c) Social Security No. 487-26-4978

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabell Wilson 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 13, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 28 hr. min.

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

10. Usual occupation Gasoline Filling St. Operator

11. Industry or business

12. Name Don't know
13. Birthplace 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Wilson
(b) Address Cadel, Mo. R. R. # 1
17. (a) removal (b) Date thereof 10-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo
18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Waynesville, Mo
19. (a) 10-20-81 (b) Chas M. O'vold
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Waynesville Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1945 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from 10-8- to 10-11-, 1945

that I last saw him alive on 10-11-, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Branchial pneumonia 2 days

Due to

Due to alcoholism - exposure - 10 days

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. Miller msl (M. D. or other)
Address Waynesville, Mo Date signed 10-16-45

MAR 19 1958

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 B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crofton, Md.

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.