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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

State File No. 3364

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 4

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution: Saint Elizabeth Hosp. C
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS 56

(c) City or town ~~HANNIBAL~~ Lewistown 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME RAY WILSON

3. (b) If veteran, name war —

3. (c) Social Security No. 498-03-0517

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Elizabeth AMANDA Wilson

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Oct 23. 1907 (Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 18 If less than one day hr. min.

9. Birthplace EWING. MO 1 (City, town, or county) (State or foreign country)

10. Usual occupation TRUCKER

11. Industry or business

FATHER
12. Name ELMER D. WILSON 1
13. Birthplace Quincy IND 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA BROWN
15. Birthplace DURHAM MO 1 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Amanda Wilson
(b) Address Lewistown MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation LEWISTOWN MO

18. (a) Signature of funeral director James Alsdorf
(b) Address Lewistown MO

19. (a) 1-2-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1946 hour minute 3 A M.

21. I hereby certify that I attended the deceased from Dec 20, 1945 to Jan 1, 1945 that I last saw him alive on Dec 31, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1
Due to Cardio-vascular	1
Due to Renal Disease	1
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 [signature] (M. D. ~~or other~~)
Address Hamilton MO Date signed Jan 1 45

189

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

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 myself

; Registered Apprentice No.

working under my personal supervision.

Signed James A Coder

Licensed Embalmer No. 2532

P. O. Address Louisiana 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.