

FILED FEB 7 1946
Registration District No. 294

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 South New York
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years
years, months or days

3. (a) PRINT FULL NAME Elby Timmons Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche Knox Wilson 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased February 21, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Otoe County, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation retired postmaster

11. Industry or business post office

MOTHER FATHER { 12. Name John W. Wilson
13. Birthplace unknown, Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Timmons
15. Birthplace unknown, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Wilson (wife)
(b) Address 411 S. New York, Sedalia, Mo.
17. (a) Burial (b) Date thereof 1/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director W. E. Ewing
(b) Address Sedalia, Mo.
19. (a) 1/28/46 (b) Q. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Pettis
(a) State Sedalia (b) County
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 411 South New York
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1946 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from 12-26- 1945 to 1-25- 1946
and that death occurred on the date and hour stated above.
that I last saw h. _____ alive on 1-25 1946

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Cardiac Hypertrophy
Hypertension 1 yr +
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83.0
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 Alfred E. Brown (M. D. or other) Dr.
Address 1116 S. Sedalia Date signed 1-28-46

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

1772

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-6-46

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

Maure Ewing

Licensed Embalmer No.

38747

P. O. Address

Helena, 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.