

FILED FEB 11 1946
Registration District No. **316**

Primary Registration District No. **3061**

1. PLACE OF DEATH:
 (a) County St. Francis
 (b) City or town Flat River, Mo.
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Washington
 (c) City or town Shelby, Mo. Rural **0**
(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 George W. 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 widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 14 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 17
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
 12. Name Jesse Wilson
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Aminda Richardson
 15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Mercer
 (b) Address Granite City, Ill.

17. (a) Burial (b) Date thereof 1-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Shelby Mo.

18. (a) Signature of funeral director Mrs. Fuller Spahr
 (b) Address Potosi Mo.

19. (a) Jan. 7, 1946 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
 year 1945 hour 5 minute _____ P.M.
 21. I hereby certify that I attended the deceased from
SEPT 23 1945 to DEC 30 1945;
 that I last saw him alive on DEC 30 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LIVER
 Duration 8 MONTHS

Due to _____
 Due to _____

Other conditions POSTERIOR CARDIAC THROMBOSIS **1 MONTH**
(Include presence 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 W. A. Ralston (M. D. or other) Do
 Address Shelby, Mo. Date signed 1/5/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 246-1706
Date Filed 2-8-46

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 Murphy L. Sparks
Licensed Embalmer No. 4236
P. O. Address Fort River, 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.