

**FILED** APR 26 1946

Registration District No. **97**

Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution 916-E Miller  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**

(c) City or town Jefferson City **5**  
(If outside city or town limits, write "RURAL")

(d) Street No. 916-E Miller **4**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ben Wilson

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

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. 25 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>16</u>	hr. min.

9. Birthplace Abington S. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business State Capital

12. Name Bob Wilson

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

14. Maiden name Unknown

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

16. (a) Informant Mary Jane Wilson

(b) Address 916-E Miller

17. (a) Burial (b) Date thereof 4-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview

18. (a) Signature of funeral director Laura Brown

(b) Address 702 Jefferson

19. (a) 4-20-46 (b) R. O. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th  
year 1946 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 6th 1945 to Apr. 11- 1946  
that I last saw him alive on Apr. 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis (arteriosclerosis valvular disease, chronic)

Due to arteriosclerosis and anemia

Other conditions: \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations  \_\_\_\_\_  
Of autopsy  3rd

22. If death was due to external causes, fill in the following: \_\_\_\_\_

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?  (Specify type of place) \_\_\_\_\_  
(c) Means of injury

23. Signature R. O. Davis MD (D. or other): \_\_\_\_\_  
Address Jefferson City, MO Date signed 4/15/46

Duration 3 years 10-6-45 to 4-15-46

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-25-46

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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 J. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Juno

**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.**