

No. 2
-5-43
5-17-39
X 36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12771

State File No.

FILED MAY 2 1946

Registration District No. 116

Primary Registration District No. 3000

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(c) Name of hospital or institution: 214 Oak St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
in this community 1 yr
years, months or days)

3. (a) PRINT FULL NAME Donald William Wilson.

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: August 21st. 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 23 hr. min.

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

10. Usual occupation X

11. Industry or business X

12. Name Delmar W. Wilson,

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

14. Maiden name Mildred C. Shoemaker,

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

16. (a) Informant Delmar W. Wilson

(b) Address 214 Oak St. Washington, Mo.

17. (a) Burial (b) Date thereof Apr. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Hickory & Ort, Inc.

(b) Address Washington, Mo.

19. (a) 4/16/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 214 Oak St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th.
year 1946 hour 5:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 8,
1946 to April 14, 1946
that I last saw him alive on April 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Lebnaemia (acute)
Duration

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 1740

Of autopsy.....

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 [Signature] (M. D. or other) MD

Address Washington Mo Date signed 4/19/46

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

MOTHER FATHER

99

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

5-1-46

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.....

Lester A. Witt

Licensed Embalmer No.....

3254

P. O. Address.....

Washington, 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.