

FILED APR 23 1946

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: South 4th Street Clinton Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")

(d) Street No. Martinville 2
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM, LEE, WILSON

(b) If veteran, name war World War No. 2

(c) Social Security No. 484-14-2886

20. DATE OF DEATH: Month 4 day 10
year 1946 hour 10:00 minute 17 M.

4. Sex male 5. Color or race white

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

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: 2 (Month) 12 (Day) 1923 (Year)

21. I hereby certify that I attended the deceased from 11/30/46 19____ that I last saw him alive and that death occurred on the date and hour stated above.

8. AGE: Years 23 Months 1 Days 19 If less than one day hr. min.

Immediate cause of death: was working in a sewer ditch when it caved in breaking his neck & fracturing his skull. He died instantly.

Due to _____

Due to _____

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

10. Usual occupation labor

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Ola Wilson

13. Birthplace St. Clair Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Nellie E. Holmes

15. Birthplace Benton Co Mo (City, town, or county) (State or foreign country)

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

16. (a) Informant Nellie Wilson

(b) Address Clinton Mo

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

(a) Accident, suicide, or homicide (specify) Accident 42

(b) Date of occurrence 4/10/46

(c) Where did injury occur? Clinton Henry Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(c) Place: burial or cremation Englewood Cen

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton Mo

19. (a) 4-11-46 (Date received local registrar)

(b) R. R. Kenney (Registrar's signature)

on so. 8th St. Clinton Mo (Specify type of place)

While at work? yes (c) Means of injury falling

Signature R. A. Hollingsworth (Specify name)

Address Clinton Mo Date signed 4/11/46

120

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

MOTHER FATHER

JUN 12 1946

AUG 13 1946

RECEIVED
District Health Officer No. 75
District 346-382
Date Filed 4-19-46
PP 26 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address R. R. Kenney

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.