

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** APR 18 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **13987**

Registration District No. **247**

Primary Registration District No. **5840**

Registrar's No. **40**

**1. PLACE OF DEATH:**

(a) County **Newton**  
(b) City or town **Newtonia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)  
In this community **42 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Newton 73**  
(c) City or town **Newtonia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **none**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **none**

3. (a) PRINT FULL NAME **Winfield Scott Wilson**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Margaret Wilson** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **July 2 - 1861**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **3** If less than one day hr. min.

9. Birthplace **Platte County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Stockman**

11. Industry or business **Farm**

12. Name **Joseph Wilson**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emily Wagle**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret Dungey**  
(b) Address **Monett Mo**

17. (a) **Burial** (b) Date thereof **Mar 8 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **burial** or cremation **2005 - Newtonia Mo.**

18. (a) Signature of funeral director **Callaway**  
(b) Address **Monett Mo**

19. (a) **3-7-46** (b) **M. L. Young**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **5**  
year **1946** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **1943** to **Mar 5, 1946**

that I last saw him alive on **Mar 5, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Apo ofoplexy** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **830** 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 **R. H. Hair** (M. D. or other) **D.C.**  
Address **Newtonia Mo** Date signed **3/7/46**

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

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 4-46-58

Date Filed 7-17-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**