S. No. 2
M—2-43
. 5-17-39
I X35697

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

14486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15594

State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1005 E. Pierce
(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 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 E. Pierce 3
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alvin Wilson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucretia Wilcox

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. (Month) 9 (Day) 1880 (Year)

8. AGE: Years 65 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name James Wilson
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Hariet Simmons
15. Birthplace Oswego Co., (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant Mrs. Lucretia Wilson
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmer, Missouri

18. (a) Signature of funeral director D E Kelly
(b) Address Kirksville, Missouri

19. (a) 4-10-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 27 year 1946 hour 2:00 minute P: M.

21. I hereby certify that I attended the deceased from 2:00 PM. March 27, 1946 to 2:15 PM. March 27 1946 that I last saw her alive on Mar 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
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? (Specify type of place)
While at work? (e) Means of injury ?

23. Signature Dr. C. A. Adams (M.D. or other) D.O.
Address 104½ N. Franklin St. Kirksville Mo Date signed 4-3-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46 ~~1044~~
Date Filed MAY 23 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirkmullen

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.