

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1945  
STANDARD CERTIFICATE OF DEATH

State File No. 16239  
Registrar's No. 130

Registration District No. 107 Primary Registration District No. 30795422

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Kennett (Rural)  
(c) Name of hospital or institution:  
R. S. Y. Methodist  
(d) Length of stay: In hospital or institution ✓  
In this community ✓  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Douglas 35  
(c) City or town Kennett  
(d) Street No. R. S. Y. Methodist  
(e) Citizen of foreign country? no  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME G. A. Wilson  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓  
4. Sex MO 5. Color or race wh  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lucile Adborn Nelson  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Feb 14 1857  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24  
year 1946 hour 10 minute AM  
21. I hereby certify that I attended the deceased from May 24 1946 to May 30 1946  
that I last saw him alive on May 24 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic nephritis  
Duration 1 yr

8. AGE: Years 89 Months 3 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Miss.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER, FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Henry Walden  
13. Birthplace Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations 1318  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant M. H. Houston  
(b) Address R. S. Kennett Mo  
17. (a) Burial (b) Date thereof 5-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Boysert Cen.  
18. (a) Signature of funeral director Boyd F. Johnson  
(b) Address Douglas Ave  
19. (a) 5-29-1946 (b) Carl Hubbard  
(Date received local registrar) (Registrar's signature)

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? no  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Paul Ballwey (M.D. or other) MD  
Address Kennett Mo Date signed 5-29-46

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

15126

RECEIVED

District Health Office No. 2,

District File Number 646-692

Date Filed 6-5-46

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.....

Arthur Moon

Registered Apprentice No. 15

working under my personal supervision.

Signed Sam B. Cable

Licensed Embalmer No. 355

P. O. Address Opover Ave

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.