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

16167

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12286 22

Registration District No. 185 Primary Registration District No. 5691 Registrar's No.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural Jefferson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community all

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Rural Jefferson (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE RAYMONT WILSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy E. Wilson
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased November (Month) 7 (Day) 1908 (Year)
8. AGE: Years 37 Months 6 Days 26 If less than one day hr. min.
9. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name George W. Wilson
13. Birthplace Sullivan Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Martha Prewitt
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dorothy Wilson
(b) Address Laclede, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Laclede Mo Cem
18. (a) Signature of funeral director [illegible]
(b) Address Laclede, Linn Co., Mo.
19. (a) May 4-1946 (Date received local registrar) (b) Chris A. Martens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Called As Coroner, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Crushed Skull
Crushed Chest
Due to Right Leg Cut Off
Killed on R.R. Between Laclede & Brookfield
Due to Killed Instant
Hit by Train Extra 5131 West
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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) Accident
(b) Date of occurrence May 3-1946 58
(c) Where did injury occur? Rural (City or town) Linn (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Burlington Rail Road - Mile Post 107-108 (Specify type of place)
While at work? No (e) Means of injury Hit by Train
23. Signature Dale Bunch Coroner (M. D. or other)
Address Marceline Mo. Date signed 5/3/46

169 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed M. S. Thomas

Licensed Embalmer No. 2876

P. O. Address La Plata, 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.