

S. No. 2  
M-2-43  
5-17-39

24344

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 1 1946

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution heyering Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maine (b) County Marion 64

(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 814 Walnut 4  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dudley Alexander Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1946 hour \_\_\_\_\_ minute 10<sup>20</sup>a.M.

21. I hereby certify that I attended the deceased from May 22  
19 46 to May 23 19 46  
that I last saw him alive on May 23 19 46  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Estor 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July 28 1866  
(Month) (Day) (Year)

Immediate cause of death Bacterial Pneumonia 2 day  
Duration

8. AGE: Years Months Days If less than one day  
79 10 25 hr. \_\_\_\_\_ min.

Due to Coronary Vascular renal disease

9. Birthplace Ralls Co. MO  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy 13/4

MOTHER FATHER { 12. Name Madison Wilson 1

13. Birthplace MO U.  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Belton

15. Birthplace MO U.  
(City, town, or county) (State or foreign country)

16. (a) Informant Estor Wilson

(b) Address 814 Walnut St Hannibal MO

17. (a) Burial (b) Date thereof May 25 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Box 149 Bern

18. (a) Signature of funeral director Jessie O'Connell

(b) Address Hannibal MO

19. (a) 5-28-46 (b) Dr. E. M. Lucke  
(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) \_\_\_\_\_

(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 C

23. Signature B. H. Murray (M. D. or other) MD  
Address Hannibal MO Date signed 5-28-46

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

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

23382

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(Licensed Embalmer's Statement on Reverse Side)

**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..... *H. M. O'Honnell* .....

Licensed Embalmer No. *2889* .....

P. O. Address..... *Annville 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.**