

## FILED AUG 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. 24449

Registration District No. 244 247

Primary Registration District No. 5834-4368

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Newton  
 (b) City or town Wentworth  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (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

3. (a) PRINT FULL NAME HENRY CLAY WILSON

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

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased APRIL 1 1856  
 (Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

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

- MOTHER FATHER { 12. Name unknown  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address Wentworth mo.17. (a) Burial (b) Date thereof 6-30-  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Swain18. (a) Signature of funeral director William Weisell(b) Address Pierce City mo.19. (a) July 4-1946 (b) Mrs. Allie Paenell  
(Date received by registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Newton  
 (c) City or town Wentworth  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1946 hour 12 A.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Jan. 8 1942  
\_\_\_\_\_, 19\_\_\_\_, to June 27 1946that I last saw him alive on June 27 1946  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Endocarditis Duration 3 yrsDue to Excessive exertion

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations g2d

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 C. R. Wright (M. D. or other) 56  
Address Pierce City, Mo. Date signed 6-28

**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 Wm Jackson  
Licensed Embalmer No. 3954  
P. O. Address Sarcoville Ma

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug  
Registrar's No. 570

Registration District No. 247

Primary Registration District No. 4308

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

1. PLACE OF DEATH: Newton Wentworth

(a) County.....  
 (b) City or town.....  
 (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  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Henry C. Wilson  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August year 1946 hour 2 minute 18 M.  
 21. I hereby certify that I attended the deceased from 2 to 18 1946  
 that I last saw him alive on 18 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April (Month) 11 (Day) 1898 (Year)  
 8. AGE: Years 90 Months 2 Days 2 (If less than one day, hr. min.)

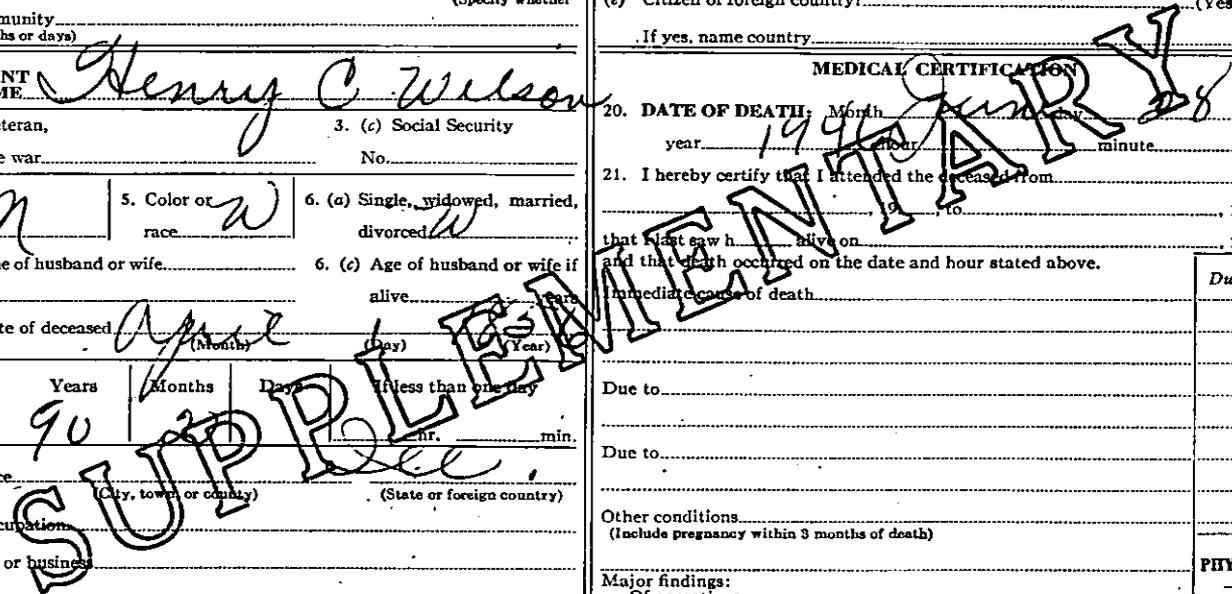
9. Birthplace Ill. (City, town, or county) (State or foreign country)  
 10. Usual occupation.....  
 11. Industry or business.....  
 12. Name.....  
 13. Birthplace (City, town, or county) (State or foreign country)  
 14. Maiden name.....  
 15. Birthplace (City, town, or county) (State or foreign country)

Due to.....  
 Due to.....  
 Other conditions..... (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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

16. (a) Informant..... (b) Address.....  
 17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
 (c) Place: burial or cremation.....  
 18. (a) Signature of funeral director..... (b) Address.....  
 19. (a) Sept. 1-1946 (b) M. L. Young (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.....  
 23. Signature..... (M. D. or other).....  
 Address..... Date signed.....



24449