

State File No. _____

FILED NOV 12 1946
Registration District No. 190

Primary Registration District No. 3635

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Phillipsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: nursing home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 5
(c) City or town Lebanon 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Scott Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Martha J Wilson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 1 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Cooper Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Anthony Wilson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary E Willheight
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Char Young
(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurst Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo.

19. (a) Nov 1, 1946 (b) Ors Frankburger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 11-10-46 1946 to 10-27 1946
that I last saw him alive on 10-9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia
(Bronchial)

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

Major findings:
Of operations 107
Of autopsy _____

Duration

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 J. W. Lindsey (M. D. or other) M.D.
Address Canway Mo Date signed 10-31-46

Received 11-8-46
Laclede County Health Unit
File No. 10-46-149
Date Filed 11-9-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.