

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34254

Registration District No. 273000 Primary Registration District No. 0908

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Herrmanndale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Holland Meth.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Harvard Wilson

3. (b) If veteran, name war Ger World I

3. (c) Social Security No.

20. DATE OF DEATH: Month May day 14 year 1946 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 12 1946 to May 14 1946
that I last saw her alive on May 12 1946 and that death occurred on the date and hour stated above.

4. Sex M 2 5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willie Wilson
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 1887
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage

8. AGE: Years 59 Months 0 Days 6 If less than one day hr. min.

Due to Septicemia

9. Birthplace Peru Missouri (City, town, or county) (State or foreign country)

Due to HO

10. Usual occupation Farmer

Other conditions (Indicate pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 83A

MOTHER FATHER
12. Name Joe Wilson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Martin
15. Birthplace Holly Springs (City, town, or county) (State or foreign country)

Of autopsy

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

16. (a) Informant Willie Wilson

(b) Address Herrmanndale Mo

17. (a) Burial (b) Date thereof 5-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrmanndale Mo

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?

18. (a) Signature of funeral director Sheila Herrmann

(b) Address 6-15-46
19. (a) 6-15-46 (b) Sheila Herrmann
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature Sheila Herrmann (M. D. or other)
Address Sheila Mo Date signed 6-7-46

10-46-216

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Dayton, Ohio

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.