

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 11 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **36705**  
Registrar's No. **910**

Registration District No. **128**

Primary Registration District No. **2000**

**1. PLACE OF DEATH:**  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Burge Hospital 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **one day** (Specify whether years, months or days)  
 In this community **not known**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Webster 112**  
 (c) City or town **Marshfield 1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **x** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **x**

**3. (a) PRINT FULL NAME:** **Ves Wilson**  
**3. (b) If veteran,** name war **x**  
**3. (c) Social Security** No. **x**

**4. Sex** **male** **5. Color or race** **white**  
**6. (a) Single, widowed, married,** divorced **married**  
**6. (b) Name of husband or wife:** **Vada Wilson**  
**6. (c) Age of husband or wife if** alive **56** years  
**7. Birth date of deceased:** **October - 27 - 1880**  
(Month) (Day) (Year)

**8. AGE:** Years **66** Months **no** Days **17** If less than one day **x** hr. **x** min.

**9. Birthplace:** **Dallas County, Missouri**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation:** **Farmer**  
**11. Industry or business:** **Farm**

MOTHER FATHER

**12. Name:** **Newt Wilson**  
**13. Birthplace:** **Tennessee**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **Unknown**  
**15. Birthplace:** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Sons**  
**(b) Address:** **Marshfield, Mo.**  
**17. (a) Burial, cremation, or removal:** **Burial** (b) Date thereof **11-16-'46**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation:** **Marshfield, Mo.**

**18. (a) Signature of funeral director:** **W. J. Dainey**  
**(b) Address:** **Marshfield, Missouri**  
**19. (a) 11-16-46** (b) **W. J. Dainey MD**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **14** year **1946** hour **7** minute **45** A.M.  
**21. I hereby certify that I attended the deceased from** **Nov 13**  
**1** **1946** to **Nov 14** **1946**  
 that I last saw him alive on **Nov 13** **1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **1 day**  
 Due to **Arteriosclerosis**  
 Due to **Diabetes Mell.** **10yr.**  
 Other conditions **(Include pregnancy within 3 months of death)**

Major findings:  
 Of operations **61**  
 Of autopsy **61**

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

**22. If death was due to external causes, fill in the following:**  
**(c) Accident, suicide, or homicide (specify):**  
**(b) Date of occurrence:**  
**(c) Where did injury occur?:** **0** (City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?**  
 While at work? **0** (Specify type of place)  
 (e) Means of injury **0**  
**23. Signature:** **Wm. Callaway MD** (M. D. or other)  
**Address:** **Springfield** **Date signed:** **11/21/46**

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

DEC 11 1946

JAN 13 1947

JAN 13 1947

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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.