

FILED JAN 15 1947

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: Samaritan 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 Missouri (b) County Macon

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LEERoy Wilson

3. (b) If veteran, name war World War II

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1946 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from Dec 21 1946 to 26 Dec 1946
that I last saw him alive on 26 Dec 1946
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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29 1924
(Month) (Day) (Year)

Immediate cause of death Intracranial injuries

Due to Trauma 21 Dec 46

Due to Car accident

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 22 Months 4 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Labour

Major findings:
Of operations Serious multiple depressed skull fracture

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Vester Wilson

13. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Stacy's Phillips

15. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Vester Wilson

(b) Address Macon Mo

17. (a) burial (b) Date thereof 12/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodville Cem

18. (a) Signature of funeral director Allert Skum

(b) Address Macon Mo

19. (a) 1-9-47 (b) Ruth McNeely
(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) Accident car

(b) Date of occurrence 21 Dec 46

(c) Where did injury occur? Macon Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway

'While at work?' No (Specify type of place)

(e) Means of injury Head injury

23. Signature Donald E Eggleston (M. D. or other) MD

Address Macon Missouri Date signed 28 Dec 46

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

40108

145

(Licensed Embalmer's Statement on Reverse Side) coll. with other 4th Vehicle

APR 28 1947

FEB 19 1947

APR 10 1947

JAN 28 1950
0561 82 NJR

RECEIVED
District Health Officer No. 10
District File Number 47-82
Date Filed JAN 14 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 Albert Skum

Licensed Embalmer No. 75-1

P. O. Address Macon 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.