

FILED JAN 2 1947
274

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 470

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
302 W 2nd ST. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 W 5TH ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALVIN B. WILD

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-07-5938

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR.

6. (b) Name of husband or wife NELLIE M 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 15 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 1 If less than one day hr. min.

9. Birthplace SMITHTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation BOTTLER

11. Industry or business COCA-COLA Co.

12. Name B.L. WILD 4

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY WAHL

15. Birthplace NY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. A.B. WILD

(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 12-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHTON, MO

18. (a) Signature of funeral director Geo Bellard

(b) Address Sedalia, mo

19. (a) 12/17/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 16
year 1946 hour 9:00 minute 9 M.

21. I hereby certify that I attended the deceased from 9.3.46 to 12/16, 1946, to _____

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Coronary Thrombosis
Dilated Heart 15 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 9/4A

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? _____

(Specify type of place) While at work? _____ (e) Means of injury 2.

23. Signature Dr. F. L. Holdman (M.D. or other) D.O.

Address 118 Ely Sedalia, mo Date signed 12/17/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

File Number

12-30-76

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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Delia, 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.